



Pet Insurance Direct Credit Form

Policy Number:

Please complete this form if you wish to have your claims reimbursements credited into your nominated bank account.

Yes I would like my claims reimbursed by direct bank transfer:

.....

Your Details:

Name: _____

Address: _____

State: _____ Postcode: _____

Bank Details:

Bank: _____ BSB: _____

Branch: _____

Account Number: _____

Account Name: _____

Account Type: _____

I authorise the Insurer to directly credit benefits for the above policy to the account nominated above. (Note: this authority excludes benefits payable to providers - Claims are paid to policy holders only)

Signature: _____ Date: _____

To allow a quick reimbursement of your claim,
forward this form to:

Locked Bag 9021, Castle Hill NSW 1765

P 1800 668 502 **F** (02) 9843 2644