

# Do you want your benefit refund deposited directly into your bank account?

St.LukesHealth now offers you the convenience of having your benefit refund deposited directly into your nominated bank, building society or credit union account.

**No more cheques, no more mail delays,  
no more bank queues.**

If you choose this method of claims payment, your benefit refund will be transferred to your nominated account by Electronic Funds Transfer (EFT), providing you have already paid the provider for the services being claimed.

Cheques will still be issued in favour of the provider for unpaid accounts.

To choose this method of benefit payment, complete the request form on the reverse and forward it to St.LukesHealth, PO Box 915, Launceston, TAS, 7250, or scan and forward via email.

If you require any further information, please contact our office:



1300 651 988



[general@stlukes.com.au](mailto:general@stlukes.com.au)



[www.stlukes.com.au](http://www.stlukes.com.au)



# benefit deposit request form

Please complete this form if you require benefit refunds to be deposited directly into your bank, building society or credit union account by Electronic Funds Transfer (EFT). This option is only available for paid accounts.

New authority  Change to existing authority

Member number

Name

## Account Details

Please note, electronic funds transfer is not available for all bank, building society and credit union accounts. If you are in doubt about your account, please check with your financial institution.

Name of Financial Institution

Address of Financial Institution

Name in which account is held

Branch (BSB) number      Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I certify that I am the policy holder and I authorise the payment of benefit for paid accounts to be deposited directly into my nominated account.

Policy Holder's Signature

Date

The information that you supply to us regarding your nominated account will be kept private and confidential and will not be used for any purpose other than as authorised by you.

## Important

If you change your account, please advise us by completing this form with your new details.