



# Direct Credit Authority

**GMHBA Limited**  
ABN 98 004 417 092  
60-68 Moorabool Street  
P.O. Box 761  
Geelong, Vic. 3220  
Tel: 1300 136 652  
Fax: (03) 5221 4582  
Email: enquiries@gmhba.com.au  
Internet: www.gmhba.com.au

Member Number:

I/We: .....  
*Surname* *Given Names*

Address: .....

.....Postcode:

Request GMHBA Limited, until further notice in writing, to credit to my/our account described in the schedule below, any refund benefits which GMHBA Limited process and are payable to me/us.

This authority does not preclude me from being paid my claim refund in cash up to the value of \$500, when personally presenting my claim at any authorised GMHBA Branch office.

Please note that due to Privacy GMHBA can only hold account details for the policy holder, a joint account or a spouse's account, if they have spousal authority.

Bank Name: .....

Bank Address: .....

Account Name: .....

BSB Number:

Account Number:

Signature:..... Date:...../...../.....

Signature/s (of account holder/s)

(The above signature/s must have legal responsibility for the membership)