



# Pet Insurance Direct Credit Form

**Please complete** this form if you wish to have your claims reimbursements credited into your nominated bank account. This only needs to be completed if you are NOT paying your premiums by Direct Debit.

**Yes I would like my claims reimbursed by Direct Bank Transfer:**

**Policy Number:**

**Name:**

**Address:**

**State:** **Postcode:**

**Name Of Bank:**

**Account Number:**

**BSB Number:**

**Account Name:**

**Branch Location:** **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 policyholders only)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and forward this form to us as soon as possible as this allows a quick reimbursement of your claims.**

**Fax: (02) 9843 2644**  
**Tel: 1800 668 502**  
**Post: Locked Bag 9021 Castle Hill NSW 1765**

Administered by: PetSure (Australia) Pty Ltd ABN 95 075 949 923  
Underwritten by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473.AFSL 241436