



Nominate an Account for FastBack Payment

Please print in black ink, using capital letters and mark check boxes with an X.

GU Health Membership No.:	<input type="text"/>	FastBack commencement date:	<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"/>
---------------------------	----------------------	-----------------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

With this form you can request to have your claims paid into a nominated Australian bank, building society or credit union account.

Please complete the information requested below and send your completed form by:

- FreePost to GU Health, Reply Paid 2988, Melbourne VIC 8060 (no stamp required); **or**
- FreeFax to 1800 656 778; **or** • Scan and email to corporate@guhealth.com.au

For assistance or more information call your GU Health Member Relations Team on 1800 249 966 between 8.30am – 5.00pm (EST) Monday to Friday **or** email corporate@guhealth.com.au

Section 1: Policyholder's details (the person in whose name membership is held)

Title:	<input type="text"/>	Surname:	<input type="text"/>	Sex:	<input type="text"/>	<input type="text"/>
Given name:	<input type="text"/>	Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work telephone number:	<input type="text"/>	Home telephone number:	<input type="text"/>	Mobile number:	<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>					<input type="text"/>

Section 2: Method of contact

Please select your preferred method of contact:

Work telephone number:	<input type="text"/>	Home telephone number:	<input type="text"/>	Mobile number:	<input type="text"/>	Email address:	<input type="text"/>
------------------------	----------------------	------------------------	----------------------	----------------	----------------------	----------------	----------------------

Section 3: Direct credit of claims (FastBack) and authority for payment

I would like my FastBack payments to start immediately: Yes No **or** Commence from:

Authority for FastBack claims

I request GU Health, until further notice, to credit the following Australian account with any amount which may be payable by GU Health in respect of a claim on my membership.

Bank details

Name of financial institution at which your account is held:

Branch address:

State: Postcode:

Name on the account to be credited:

BSB number: Account number:

Policyholder's signature: Date signed:

