

Register for FastBack payments

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

GU Health Membership No. <input style="width: 100%;" type="text"/>	FastBack commencement date <input style="width: 100%;" type="text"/>
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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:

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

For assistance or more information call your GU Health Member Relations Team on **1800 249 966** between 8.30am and 5pm (AEST) Monday to Friday **or** email corporate@guhealth.com.au

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

Title <input style="width: 100%;" type="text"/>	Surname <input style="width: 100%;" type="text"/>	Gender <input style="width: 100%;" type="text"/>
Given name <input style="width: 100%;" type="text"/>		Date of birth <input style="width: 100%;" type="text"/>
Work telephone number <input style="width: 100%;" type="text"/>	Home telephone number <input style="width: 100%;" type="text"/>	Mobile number <input style="width: 100%;" type="text"/>
Email address <input style="width: 100%;" type="text"/>		

Section 2: Method of contact

Please select your preferred method of contact

Work telephone number Home telephone number Mobile number Email

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

(from a nominated Australian bank, building society or credit union account)

Would you like to save time and effort when you claim?

Take advantage of the GU Health FastBack direct credit, and get your money back even faster! FastBack means we can directly deposit any claim reimbursement into your nominated Australian financial institution account. Just complete the 'authority' section below and we'll set it up for you.

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

Authority for FastBack payments

I request that GU Health until further notice, credit the following Australian account with any amount which may be payable to me as a result of a claim made under my membership.

Bank details

Name of Australian 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