GUHealth

Register for FastBack payments

If completing a paper form, use black pen only and use capital letters – please indicate with a X in the appropriate check boxes

GU Health Membership No. | | | | | | | | | FastBack commencement date

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**

1 Membership holder's details – the person in whose name membership is held

Title | First name | Surname

Email address | Telephone

Date of birth (DD/MM/YYYY) | Gender: Male ☐ Female ☐

Home address | State | Postcode

2 Method of contact

When communicating to me about my membership or legislative requirements, please use: Email ☐ Mail ☐ Telephone ☐

We'll try to use your preference where possible.

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.

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 | Name/s on the account to be credited

BSB number | Account number

Membership holder's signature (must be signed) | Date signed (DD/MM/YYYY)

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