

DIRECT DEBIT FORM



PERSONAL DETAILS

Date ___/___/___

Insert name and address of financial institution at which your account is held

Insert your name in full I/We

Surname/s

Given Names

request you until further notice in writing, to debit my/our account described in the schedule below the amount I have nominated which Sureplan Friendly Society Ltd User ID 064834 may debit or charge me/us through the Direct Debit System.

I/We understand and acknowledge that:

- 1. The financial institution may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to this request or any authority or mandate.*
- 2. The financial institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this request as to future debits.*
- 3. The user may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.*

Customer Signature(s)

(If joint account all signatures may be required)

Customer Address

Post Code

YOUR ACCOUNT DETAILS

Name on Account

BSB Number

Account Number

Note: Direct debiting is not available on the full range of accounts. If in doubt, please refer to your financial institution.

FREQUENCY OF DEDUCTIONS

- Monthly deductions will take place on the 1st working day of each month
- Quarterly deductions will occur on the 1st working day of January, April, July & October
- Six monthly deductions will occur on the 1st working day of January & July
- Annual deductions will occur on the 1st working day of January
- Lump Sum deductions normally occur each Friday and on the 1st working day of each month*

*For lump sum deductions please nominate preferred date (refer above options). Date ___/___/___

Insert Member ID or Roll No. (if known)

Amount to be debited

\$ _____

Direct Debit to cease when total contributions reach this amount

\$ _____

Office Use Only:
