

# 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.*

*Monthly deductions will take place on the 1<sup>st</sup> working day of each month*

*Quarterly deductions will occur on the 1<sup>st</sup> working day of January, April, July & October*

*Six monthly deductions will occur on the 1<sup>st</sup> working day of January & July*

*Annual deductions will occur on the 1<sup>st</sup> working day of January*

Frequency of Deduction  Monthly  Quarterly  Six Monthly  Annually

Insert Member ID or Roll No. (if known) \_\_\_\_\_

Amount to be debited \$ \_\_\_\_\_

Direct Debit to cease when bond total reaches this amount (excluding bonuses) \$ \_\_\_\_\_

Office Use Only: