DIRECT DEBIT FORM

sureplan Gold FUNERAL BOND | sureplan BODY TRANSPORTATION FUNERAL FUND

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:

Phone 1800 817 105 | **Fax** (07) 38 3333 38
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Send application forms addressed to:
Sureplan Friendly Society Ltd.
Reply Paid 899, Spring Hill Qld 4004

sureplan FRIENDLY SOCIETY LTD