



Direct Debit Request
Form DD-R

Request for debiting amounts to
Accounts by the Direct Debit System

Customers' Authority I/We
authorise you

to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS).

This authorisation is to remain in force in accordance with the terms described in the Service Agreement

Signature Signature
Date _____ Date _____

Details of the Account to be debited (Customer must fill in all details)
Name of the Financial Institution
Account Name
BSB number Account number Branch address (suburb)

Direct debit through BECS is not available on all accounts. You are advised to check with your financial institution before completing this direct debit request.

I/We request that you debit my/our account in accordance with our Loan Agreement and subject to the following conditions:

Your Loan will be debited the full amount of your Loan Repayments due, taking into consideration any increase in your Loan Repayment.

Frequency of debit Weekly Amount
 Fortnightly
 Monthly

Elect your first payment date: ___/___/___ if no date is entered, your first payment date will be taken out as per your Loan Agreement

Elect your final payment date : ___/___/___ or at finalisation of Loan Debt

I/We authorise the following:

- 1. The Debit User to verify the details of the abovementioned account with my/our Financial Institution
- 2. The Financial Institution to release information allowing the Debit User to verify the abovementioned account details.

Signed by the Customer(s)

Payment Details (Society to Complete)
The payment is for
Loan No