

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 any amounts 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 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*

Frequency of Deduction Monthly Quarterly Six Monthly Annually

Insert Member ID or Roll No. (if known) _____

Office Use Only:
