

Direct Debit Request Form

Please complete in capital letters and in BLACK INK only

1. Instruction to FuturePlus Super

Please process a monthly debit on the 15th of each month from the bank account shown below of \$

Type of contribution: (e.g. Employer, personal or spouse)

2. Member details

Member no. Contact phone no:

Title (e.g. Mr/Mrs/Ms/Miss/Dr)

Family name

Given name(s)

3. Request to your bank for FuturePlus Super to debit your account

To: The bank manager FORM PD-C

Name of institution:

Branch address:

4. The account to be debited

Name in which the account is held

Account number Branch (BSB) number -

Note: if you wish your payment to be made to more than one account please provide the additional information on a covering letter, ensuring that all the required information, as requested above, has been included. You may only request direct payment to accounts held in your name.

5. All account holders must sign this section

I/We request until further notice in writing to debit my/our account described in the schedule above, the amount shown in section 1 of this form, which Chifley Financial Services Limited (Chifley) (ID Number 086533) may debit or charge me/us through the direct debit system. I/We agree to meet any bank charges resulting from my/our use of the direct debit system.

I/We understand and acknowledge that:

- 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.
- 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.
- I may, by prior arrangement and advice to Chifley, vary the amount or frequency of future debits, by giving 14 days notice in writing.

I/We confirm that I/we have authority to sign this Direct Debit Form by our signature below.

Signature of applicant: Dated: / /

Director or Company Secretary (circle as applicable) company seal (if applicable)

Second signatory (if applicable)

Full name

Signature: Dated: / /

Director or Company Secretary (circle as applicable) company seal (if applicable)

Where to send this form/enquiries

FuturePlus Super
GPO Box 2617
Sydney NSW 2001
website: www.futureplussuper.com.au

Phone: 1800 067 059 (toll free)
(8.30 am – 5.00 pm Mon – Fri)
Fax (02) 9279 4131
enquiries: info@futureplussuper.com.au

