

# ANZ SUPER ADVANTAGE DIRECT DEBIT REQUEST SERVICE AGREEMENT



1 February 2020

Customer Services

Phone 13 38 63

Email [customer@onepath.com.au](mailto:customer@onepath.com.au)

Website [anz.com](http://anz.com)

This form should be completed by members of ANZ Super Advantage for the remittance of contributions via Direct Debit. Please note that direct debiting is not available for all account types. If in doubt please check with your financial institution.

## INSTRUCTIONS

- Please keep this document in a safe place.
- Read the Direct Debit Request Service Agreement below.
- If a regular contribution amount will vary, please advise Customer Services on 13 38 63.
- Complete and sign this form and return to:  
**ANZ Super Advantage**  
OnePath Custodians Pty Limited  
GPO Box 4028  
Sydney NSW 2001

## DIRECT DEBIT REQUEST SERVICE AGREEMENT

This Direct Debit Request (DDR) Service Agreement is issued by OnePath Custodians as the trustee of the Retirement Portfolio Service. You should carefully read this Direct Debit Request Service Agreement before completing and signing the Direct Debit Request authorisation.

For all enquiries about your direct debit arrangement, contact Customer Services on 13 38 63 or write to:

### ANZ Super Advantage

OnePath Custodians Pty Limited  
GPO Box 4028  
Sydney NSW 2001

## OUR COMMITMENT TO YOU

### Drawing arrangements:

- We will only arrange for fund to be debited from your nominated account as authorised in the Direct Debit Request.
- Where the due date falls on a non-business day, we will draw the amount on the next business day.
- We will not change any details of drawings arrangements without giving you at least fourteen (14) days written notice.
- We reserve the right to cancel the OnePath Custodians' drawing arrangements if three or more drawings are returned unpaid by your nominated financial institution and to arrange with you an alternate payment method.
- We will keep all information pertaining to your nominated account at the financial institution, private and confidential unless otherwise required by the Bulk Electronic Clearing System (BECS) rules. You acknowledge that we may be required to disclose details of your direct debit request to our sponsor bank to assist with the checking of any incorrect or wrongful debits to your nominated account.

### Your rights:

- You may terminate the OnePath Custodians' drawing arrangements at any time by giving written notice directly to us, or through your nominated financial institution. Notice given to us should be received by us at least 14 days prior to the due date.
- You may stop payment of a drawing under the OnePath Custodians arrangement by giving written notice directly to us, or through your nominated financial institution. Notice given to us should be received by us at least 14 days prior to the due date.
- You may request change to the drawing amount and/or frequency of OnePath Custodians' drawings by contacting us and advising your requirements no less than 14 days prior to the due date.
- Where you consider that a debit has been initiated incorrectly, you should contact OnePath Custodians directly, or lodge a Direct Debit Claim through your financial institution. If we conclude as a result of our investigations that your account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query providing you with reasons and any evidence for this finding in writing.

# ANZ SUPER ADVANTAGE

## DIRECT DEBIT REQUEST SERVICE AGREEMENT

### YOUR COMMITMENT TO US

#### Your responsibilities:

You should check:

- a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions;
  - b) your account details which you have provided to us are correct by checking them against a recent account statement, and;
  - c) with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.
- It is your responsibility to ensure that sufficient funds are available in the nominated account to allow a debit payment to be made in accordance with the Direct Debit Request.  
If there are insufficient funds in your account to meet a debit payment:
    - a) You may be charged a fee and/or interest by your financial institution
    - b) You may also incur fees or charges imposed or incurred by us; and
    - c) You may arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
  - It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the financial institution where the account is based.
  - It is your responsibility to advise us if the account nominated by you to receive the OnePath Custodians drawings is transferred or closed.
  - It is your responsibility to arrange with us a suitable alternate payment method if you wish to cancel the OnePath Custodians drawing.

# ANZ SUPER ADVANTAGE DIRECT DEBIT REQUEST (DDR) – MEMBER FORM



## 1. MEMBER DETAILS

Member number	<input type="text"/>						
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	Other	<input type="text"/>
Surname							
Given name(s)							
Residential address (this cannot be a PO Box)							
Suburb/Town				State		Postcode	
Country							
Postal address (if different from above)							
Suburb/Town				State		Postcode	
Country							
Home phone			Business phone			Mobile phone	
Email							

## 2. REQUEST AND AUTHORITY TO DEBIT - DETAILS OF ACCOUNT (ACCOUNT TO BE DEBITED)

Name of financial institution							
Contribution type (e.g. member, spouse)							
Residential address (this cannot be a PO Box)							
Suburb/Town				State		Postcode	
Name of account (Account holder name(s))							
BSB number		<input type="text"/>	<input type="text"/>	Account number		<input type="text"/>	
Deduction frequency		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly	<input type="checkbox"/> Yearly	Amount to be deducted \$	

By signing, I/we:

- authorise OnePath Custodians ABN 12 008 508 496 (user ID number: 005298) to arrange for funds to be debited from my/our account at the financial institution described in Section 2, any amounts which OnePath Custodians may debit or charge me/us through the Direct Debit system
- acknowledge any fees which are payable to OnePath Custodians or incurred by OnePath Custodians in operating the Direct Debit
- acknowledge any processing fee incurred through the Direct Debit system each time a contribution is made using the Direct Debit payment method
- acknowledge I/we have read and understood the terms and conditions governing the debit arrangements between me/us and OnePath Custodians as set out in this request and in the Direct Debit Request Service Agreement
- consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in ANZ's Privacy Policy which is available at [anz.com/privacy](http://anz.com/privacy) and OnePath Custodians' Privacy Policy which is available at [onepath.com.au/superandinvestments/privacy-policy](http://onepath.com.au/superandinvestments/privacy-policy). If I have provided information about another person in this application, I declare that I have the consent of that person to do so. I understand that ANZ and OnePath Custodians require me to inform the person concerned that I have done so and direct them to the relevant Privacy Policies so they may understand the manner in which their personal information (including health and other sensitive information) may be used and disclosed by ANZ and OnePath Custodians.

I/We, the applicant(s) whose signature(s) appear(s) below, state that the statements made in this form are true and correct.

Name of member							
<input type="text"/>							
Signature of applicant (all signatures if joint bank account)							
<input type="text"/>							
Date		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of member							
<input type="text"/>							
Signature of applicant							
<input type="text"/>							
Date		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>