



1. CLIENT DETAILS

Client Account Number

Client/Director/Trustee 1

Title
 Mr Mrs Ms Miss Dr Other

First Name

Surname

Company/Trust Name

Client/Director/Trustee 2

Title
 Mr Mrs Ms Miss Dr Other

First Name

Surname

ABN/ACN (if applicable)

2. APPLICATION'S AUTHORITY

I/We request ANZ (User ID number 143922) to arrange the following amounts to be debited from my/our account detailed above:

- Monthly interest payable in relation to the above facility; **OR**
- The amount of \$ monthly, commencing the first working day of the month after the account is drawn.

I/We acknowledge that I/we have received a copy of the ANZ Direct Debit Request Customer Service Agreement included in the ANZ Investment Lending Terms and Conditions and understand that the direct debit arrangement is governed by its terms and conditions.

3. BANK ACCOUNT DETAILS

Account name BSB - Account number

Name of financial institution where the account is held

Please provide a page from your bank statement so we can verify your bank details. The documents must clearly show the BSB and Account Number. (Not required if the account is held with ANZ).

Note: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your financial institution.

4. AUTHORISATION (All Signatories must sign)

Client/Director/Trustee 1 Name

Client/Director/Trustee 2 Name

Client/Director/Trustee 1 Signature

Client/Director/Trustee 2 Signature

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)