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)