



Complete all appropriate sections and fax to the V2 PLUS Service Centre on:

Fax: 1800 671 800

All requests must be signed by the customer(s)
Unsigned requests will not be processed and will be returned to you.

Date (DD/MM/YYYY)

Authorised contact name

Contact number

Intermediary number

1. DEBIT THE FOLLOWING ACCOUNT

BSB Account number

Amount

\$

Account name

Lodgement number (what the payee will see on their statement)

2. CREDIT THE FOLLOWING ACCOUNT

BSB Account number

Reference (what you will see on your statement)

Date payment to be processed

Account name

EFT Reference Code (for tax office payments only)

- this will appear on both your statement and the ATO's

3. SIGNATURE(S)

Customer's full name

Customer's signature

Date (DD/MM/YYYY)

Customer's full name

Customer's signature

Date (DD/MM/YYYY)

Customer's full name

Customer's signature

Date (DD/MM/YYYY)

Important information

This facsimile/document contains information that is confidential and which may be legally privileged. If you are not the intended recipient, you must not read, use, distribute or copy this facsimile/document. If you are not the intended recipient, please notify us immediately on 13 28 33 and return the original facsimile/document to us by mail at our expense. Thank you