

# Direct Debit Request



This form may be lodged with Uniting Financial Services or posted to:

**Uniting Financial Services**  
**PO Box A2178**  
**Sydney South NSW 1235**



**Need help or have a question?**

Call us on **1300 133 673**

Visit us at **unitingfinancial.com.au**

Email us at **contactus@unitingfinancial.com.au**

Please use **BLOCK LETTERS** in **BLACK OR BLUE PEN ONLY** and  tick required choices

## STEP 1 – PLEASE TICK ONE

**New Direct Debit Request** (Complete all steps)

**Change to existing Direct Debit Request** (Complete all steps)

Request number (if available)

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
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**Cancel Direct Debit Request** (Complete steps 1, 2, 3 and 5 only)

Request number (if available)

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## STEP 2 – ACCOUNT DETAILS AT FINANCIAL INSTITUTION TO BE DEBITED

Account name

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|  |
|--|

Financial institution

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|--|
|  |
|--|

Branch

|  |
|--|
|  |
|--|

BSB number

|                           |  |
|---------------------------|--|
| [ ] [ ] [ ] - [ ] [ ] [ ] |  |
|---------------------------|--|

Account number

|   |
|---|
| [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |
|---|

Reference to appear on financial institution statement (max 18 characters)

|   |
|---|
| [ ] |
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## STEP 3 – AMOUNT TO BE DEBITED AND FREQUENCY

Amount to be debited

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|--|
| \$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] . [ ] [ ] |
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Amount in words

|  |
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Commencement date

|                                     |
|-------------------------------------|
| [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] |
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Frequency of payment (e.g. monthly)

|  |
|--|
|  |
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Expiry date

|                                     |
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| [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] |
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**OR**  Until further notice

## STEP 4 – DETAILS OF UNITING FINANCIAL SERVICES INVESTMENT TO BE CREDITED

Investment number

Investment name

## STEP 5 – AUTHORISATION

I/We request and authorise Uniting Financial Services (Debit User Number 126 416) to process any amount Uniting Financial Services deems to debit or charge me/us through the Bulk Electronic Clearing System from the account detailed in Step 2. By signing this Direct Debit Request I/we acknowledge having read, understood and agreed to be bound by the terms and conditions under which debit arrangements are made between me/us and Uniting Financial Services as outlined in the *Direct Debit Request Terms And Conditions* provided.

**Signatory 1**

SIGN HERE

**Print full name**

Date  /  /

**Signatory 2**

SIGN HERE

**Print full name**

Date  /  /



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STEP 1 STEP 2 STEP 3 **STEP 4** STEP 5