DIRECT DEBIT REQUEST

REQUEST AND AUTHORITY TO DEBIT THE ACCOUNT NAMED BELOW TO PAY PERPETUAL TRUSTEES VICTORIA LIMITED

Surname or Company name: _____

Given names or A.C.N./A.R.B.N: _____

Request and authorise **Perpetual Trustees Victoria Limited User (ID 12179)** to arrange for any amount **Perpetual Trustees Victoria Limited** may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below

Financial institution name: _____

Address: _____

_____

Name of Account Holder/s _____

Bank/State/Branch Number ☐☐☐ - ☐☐☐

Account Number ☐☐☐☐☐☐☐☐☐☐

Payment frequency

Monthly ☐ Twice Monthly ☐ *Please tick one box only*

Fortnightly ☐ Weekly ☐ ** Not available for Non-Conforming loans*

In addition, I would like to repay (optional):

☐ Minimum Repayment plus $ _____ or ☐ Nominated Repayment of $ _____

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and **Perpetual Trustees Victoria Limited** as set out in this Request and in your Direct Debit Request Service Agreement

_____ _____

Bank Account holder's signature **Bank Account holder's signature**

(If signing for a company, sign and print full name and capacity for signing e.g. Director)

Address: _____

_____

Date: _____

Tel: Home _____ **Tel: Home** _____

Tel: Work _____ **Tel: Work** _____

Tel: Mobile _____ **Tel: Mobile** _____

If the Direct Debit Request is being given by a Third Party then you must complete the following:

By signing this section of the Direct Debit Request you acknowledge that your repayments are being paid by a third party to the loan account and that any requests for redraw will be placed in this (third party's) nominated account

_____ _____

Loan Account holder's signature **Loan Account holder's signature**

Date: _____ **Loan ID** _____

Loan Number _____ **Loan account name** _____

PLEASE NOTE: YOUR SETTLEMENT COULD BE DELAYED IF YOU DO NOT PROVIDE FULL CONTACT DETAILS
NO CHANGES CAN OCCUR ON EXISTING LOAN ACCOUNTS WITHOUT ALL THE RELEVANT SECTIONS OF THIS FORM BEING COMPLETED

Email: post.nationalfinance@gmail.com Or Fax: (08) 8423 0201