

Need help completing this form? Phone: 1800 221 414

Direct Debit Request

This form enables you to advise us of a fixed amount that you consent to have deducted from your nominated bank account towards the repayment of your debt.

Return the completed form to: GPO Box 4475 Sydney 2001, or fax to (02) 9262 4017.

Upon receipt of this form we will set up the Direct Debit as you have advised, or contact you if we need to confirm further details or discuss the suitability of your proposed arrangement.

Credit Corp Account F	- · · ·	
DT:	Reference Number	
DI.		
First Name(s)		Surname
Address		
		Postcode
Contact Details		
Home ph:	Work ph:	Mobile:
Email address:		1
ction B: Direct Debit Pay	ment Details	
Complete the appropri	riate section(s) for the type of	direct debit(s) you wish to set up:
	Payment Arrangement	PART 2 – One-off Lump Sum Payment
Recurring Payment Amount (for example, \$250) \$		Lump Sum Payment Amount (for example, \$1000) \$
Ψ		
Recurring Payments Start Date		Lump Sum Payment Date
//		//
Recurring Debit Frequency		
Weekly Fortnightly		* To set up both a lump sum payment and a recurrin payment arrangement, complete PART 1 and PAR
	tion Details	
ction C: Financial Institut		
ction C: Financial Institut	titution/ Bank	Branch the Account is held
	titution/ Bank	Branch the Account is held
Name of Financial Ins		Branch the Account is held
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Name of Financial Ins		Branch the Account is held
Name of Financial Ins	der(s)	
Name of Financial Ins	der(s)	Branch the Account is held Account Number (Maximum of 9 digits)
Name of Financial Ins	der(s)	
Name of Financial Ins Name of Account Hole Financial Institution/ E I/We authorise until futo debit my/our financial in accordance to the	der(s) BSB Number A urther notice, Credit Corp ("AFicial institution account specie Direct Debit Payment Ari	Account Number (Maximum of 9 digits) PCA" Australian Payment Clearing Association User ID: 253624 dified above through the Bulk Electronic Clearing System trangement or any other amounts requested by me from time to
Name of Financial Institution/ E Financial Institution/ E I/We authorise until futo debit my/our financial in accordance to the time in relation to the	der(s) BSB Number A urther notice, Credit Corp ("AF icial institution account speci e Direct Debit Payment Ari Credit Corp Account. I/We ha	Account Number (Maximum of 9 digits) PCA" Australian Payment Clearing Association User ID: 253624



Direct Debit Request

Section D: Terms and Conditions

Our commitment to you

- We will arrange for funds to be debited from your nominated financial institution account in accordance with your direct debit arrangement.
- If a debit falls on a non-business day, the debit will be made on the next business day.
- We will give you at least fourteen days notice if we need to change your direct debit arrangement.
- If the debit is returned unpaid, your direct debit arrangement may be cancelled. We will contact you seeking your instructions.
- We will not disclose any of your personal details to any person or corporation unless required to do so by law or unless the information is required in relation to disputed debits.

Your commitment to us

- The account details you have provided are correct and that your financial institution and your nominated account accept direct debit.
- You will check your nominated financial institution account statement to verify that the amounts debited are correct.
- You will have sufficient cleared funds available in your nominated financial institution account to allow the debits. Where a debit is returned unpaid due to insufficient funds, you will bear any fees or charges for the unsuccessful debit.
- You will give us at least five business days notice if you wish to defer, change, or cancel your direct debit arrangement.
- Should you have any queries or disputes, you will contact us on 1800 221 414 in the first instance.