

# Direct Debit Request Form

Portfolio Service



FREEDOM  
OF CHOICE

## Section 1: PERSONAL DETAILS (All fields are mandatory)

Investor Name(s) or Company/ Trustee Name:

Date of Birth (if applicable):

Postal Address:

Suburb:  State:  Postcode:

Email Address:  Member Number (if available):

## Section 2: INITIAL TERMS OF ARRANGEMENT

Regular direct debits to commence from  15 /  /  until further notice. Amount: \$

Frequency of regular direct debits:  Monthly  Quarterly (Mar, Jun, Sep, Dec)  Half-year (Jun, Dec)  Annually (Jun)

## Section 3: BANK ACCOUNT DETAILS

Bank:  Account Name:

BSB:  Account Number:

## Section 4: AUTHORISATION

I/ We request the Administrator (User ID 125962) to debit funds from my/ our nominated account according to the details specified above. I/ We have read and understand the Direct Debit Request service agreement overleaf.

Signature:  Date:

Capacity (if applicable):

Signature:  Date:

Capacity (if applicable):

**Note: If debiting from a joint account, all signatures are required.**

## DIRECT DEBIT REQUEST SERVICE AGREEMENT

By signing this Direct Debit Request, I acknowledge and agree to the following terms and conditions:

1. You authorise the Administrator to debit your nominated account in the manner specified in the Direct Debit Request.
2. The due date for debits to be made on your account is the 15th day of every month.
3. We will provide you with at least 14 days prior notice in writing if we propose to vary any of the terms of the debit arrangements in place between us.
4. You will need to give us at least 3 working days' notice in writing if you wish to defer or alter any of the debit arrangements.
5. You will need to advise us in writing if you wish to stop a payment being processed (a Debit Item) or cancel a Direct Debit Request. Such notice should be delivered to us at least one working day before the due date for payment or as otherwise stipulated in our Terms and Conditions.
6. If you wish to dispute any Debit Item, you should refer to us in the first instance and we will seek to resolve the matter with you. If we cannot resolve the dispute you can contact your financial institution at which your nominated account is held. Your financial institution will then commence a formal claims procedure on your behalf.
7. Some financial institution accounts do not facilitate direct debits. If you are uncertain, you should check with your financial institution before signing a Direct Debit Request, to ensure that your nominated account is able to receive direct debits through the Bulk Electronic Clearing System.
8. Before completing the Direct Debit Request, you should check the details of your nominated account against a recent statement from your financial institution, to ensure that your account details are correct.
9. You agree that it is your responsibility to have sufficient cleared funds in your nominated account by the due date to enable payment of Debit Items in accordance with the Direct Debit Request.
10. We will initiate the Debit Item on the due date stated in the Direct Debit Request or as otherwise agreed between us in writing. If the due date for payment falls on a day which is not a business day in Queensland, then the Debit Item will be processed on the next business day. You should enquire directly with your financial institution if you are uncertain as to when the Debit Item will be processed to your account.
11. If a Debit Item is returned unpaid by your financial institution, you authorise us to present a further debit for payment, notwithstanding that this may exceed the maximum amount stated in the Direct Debit Request. We may ask you to reimburse Us for any charges We incur as a result of your debit item being returned unpaid.
12. We will ensure the details of your personal records and account details held by Us remain confidential. However, if you lodge a claim in relation to an alleged incorrect or wrongful debit, it may be necessary for Us to release such information to your financial institution or its representative, or to our financial institution or its representative to enable your claim to be assessed.
13. Notwithstanding this Direct Debit Request, the Operator reserves the right to reject or refund contributions received where required by law to do so or where the Operator considers it appropriate in order to manage the Fund's tax liabilities.

**Please return this completed form to Freedom of Choice PO Box 3528, Tingalpa DC Qld 4173 or email to [enquiries@freedomofchoice.com.au](mailto:enquiries@freedomofchoice.com.au)**

Phone: 1800 806 013 Fax: (07) 3899 7299 Website: [www.freedomofchoice.com.au](http://www.freedomofchoice.com.au)

**We are committed to respecting the privacy of the personal information you give us.**

Our formal Privacy Statement sets out how we do this. If you would like a copy of Freedom of Choice's Privacy Statement, please let us know. We have published our Privacy Statement on our website [www.freedomofchoice.com.au](http://www.freedomofchoice.com.au)