

Direct Debit Request Form



This form is used when you want to arrange to pay your Freedom of Choice contributions via a direct debit from your nominated bank account.

Note: A copy of a member's bank statement or equivalent is required to be submitted with this form, see section 3 for information.

Section 1: PERSONAL DETAILS

Surname: Salutation:

Given Name(s): Date of Birth:

Postal Address:

Suburb: State: Postcode:

Email: Membership Number:

Section 2: AUTHORISATION BY FINANCIAL INSTITUTION ACCOUNT HOLDER

Request for debiting amount by the Direct Debit System Date:

Name of Financial Institution:

Branch Address:

Suburb: State: Postcode:

I/We (Surname, Company name or Business name):

(Given names, ACN number or ARBN):

request you, until further notice in writing, to debit my/our account described in the schedule below, any amounts which Freedom of Choice ("the User") (User ID No. 125962) may debit or charge me/us through the Direct Debit System.

- I/We understand and acknowledge that:
1. The Financial Institution may in its absolute discretion determine the order of priority of payment by it of any moneys pursuant to this Request or any authority or mandate.
 2. The Financial Institution may in its absolute discretion at any time by notice in writing to me/us terminate this Request as to future debits.
 3. The User may by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

First Account Holder's Signature:

Second Account Holder's Signature:
(if required)

Account Holder's Address:

Suburb: State: Postcode:

Section 3: THE SCHEDULE

Please note that a bank document which displays the name of the account holder, BSB and account number needs to be submitted with your form. This document must be on bank letterhead or a statement.

Name of Account to be Debited:

BSB: Account Number: Frequency of Debit: Monthly Quarterly

Contribution Type	Superannuation Guarantee	Employer Additional	Salary Sacrifice	Personal/Member Contribution
Amount to be Debited per Frequency	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

By signing our Direct Debit Request you acknowledge and agree to the following terms and conditions:

1. You authorise Equity Trustees Superannuation Limited as Trustee for Freedom of Choice 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 Trustee reserves the right to reject or refund contributions received where required by law to do so or where the Trustee 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

Phone: 1800 806 013 Fax: (07) 3902 9899 Website: 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 the Freedom of Choice Privacy Statement, please let us know. We have published our Privacy Statement on our website at www.freedomofchoice.com.au