

Request For Direct Debit

This form is used when you want to arrange to pay your Millennium Master Trust contributions via a direct debit from your nominated bank account.

Your Full Name:

Your Address:

Your Date Of Birth:

Your Member Number:

1. Details of the Bank Account to be Debited

Name of financial institution:

Branch Address:

Account Name:

Account Number:

BSB:

2. Bank Account Holders' Details and Authorisation

I/We
Surname or Company name:

First name(s) or ABN:

Request you until further notice in writing to debit to my/our account described in the Schedule below, any amounts which Trust Company Superannuation Services Limited [The User] [User ID 169334] may debit or charge me/us through the direct debit system.

By signing this form, you acknowledge that you have read the Direct Debit Service Agreement and agree to be bound by it's terms

This direct debit arrangement is governed by the term of the Direct Debit Service agreement.

[If signing for a company, sign and print full name and capacity for signing eg. Director]

Full Name of Account
Signatory 1:

Signature:

Date:

Full Name of Account
Signatory 2:

Signature:

Date:

3. The Schedule

Contribution Type:	Superannuation Guarantee	Employer Additional	Salary Sacrifice	Personal/ Member Contribution
Amount to Be Debited Each Month:	\$	\$	\$	\$

Direct Debit Service Agreement

This Direct Debit Service Agreement is issued by Trust Company Superannuation Services Limited as trustee for the Millennium Master Trust.

Please contact our Member Services Team on 1800 336 911 if you have any questions regarding this Agreement.

1. Before you complete the Request for Direct Debit, you should ensure that the account you want to nominate can have direct debits.
2. Please note that you can not nominate a Credit Card account as your Direct Debit account.
3. By proving your superannuation fund with a completed Request for Direct Debit form, you are authorising us to deduct the amount you have nominated from the bank account you have nominated.
4. We will keep your financial institution account details confidential, except where required for the purposes of conducting direct debits with your financial institution.
5. You should make sure that sufficient cleared funds are available in your account on the due date for payment. If there are not sufficient funds and your financial institution dishonours the payment, you may incur a dishonour fee from your financial institution.
6. Other financial institution fees may also apply to this debiting arrangement.
7. Where the debiting date is not on a business day, we will draw from your nominated account on the next business day.
8. We will give you at least 14 days notice in writing before changing the terms of the debiting arrangement.
9. You may alter the debiting arrangement by providing a new Request for Direct Debit at least 7 working days before the next debit is due.
10. You may cancel your Direct Debit at any stage by notifying us in writing at least 7 working days before the next debit is due.
11. It is important that you notify us if your nominated account is transferred, closed, or the account details change.
12. By signing this form, you acknowledge that:
 - the bank/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;
 - 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;
 - the User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits; and
 - this direct debit arrangement is governed by the terms of the Direct Debit Service agreement.

If you believe that a debit has not been correctly processed, you should contact us immediately on 1800 336 911.