



DIRECT DEBIT REQUEST

Client Name:			
Account Number:	Account 1	Account Type:	
I / We request and authorise Central Victorian Debit Payment.	Investments to make the f	following Direct	
Amount to Direct Debit: \$			
Account Name			
Bank:			
BSB / Account Number:/			
The first Direct Debit to be made on/_ Monthly / Quarterly / Half Yearly interval there			
I/We request and authorise Central Victorian I arrange for any amount Central Victorian Investebited through the Bulk Electronic Clearing Stinstitution, identified in this request subject to Request Service Agreement (and any further in	stments may debit or charg ystem from an account hele the terms and conditions o	ge you <mark>t</mark> o be d at t <mark>h</mark> e financial	
Note: By signing this Direct Debit Request you terms and conditions governing the debit arrainvestments Ltd. as set out in this Request and Agreement.	ngements between you and	d Central Victorian	
Signed:	Date:	_//	
Signed:	Date:	_//	
Staff to complete:			
Approved: YES / NO Approving Officer:			
Signed:	Authority number:		