

DIRECT DEBIT DETAILS FORM

The details you provide here will be used to set up your direct debit payment plan.

You will receive an email and SMS with a link to review and sign the agreement for your new payment plan.

Please use the bank account your debit card is connected to. **DO NOT PROVIDE DETAILS FOR A SAVINGS ACCOUNT AS THESE ARE NOT ABLE TO BE DIRECT DEBITED.**

CUSTOMER DETAILS		* Indicates mandatory fields	
* Given Name:	<input type="text"/>	* Surname:	<input type="text"/>
Address:	<input type="text"/>		
* Mobile No:	<input type="text"/>	* DOB:	<input type="text"/>
* Email:	<input type="text"/>		

PAYMENT DETAILS		* Indicates mandatory fields	
* Financial Institution:	<input type="text"/>	Branch:	<input type="text"/>
* Account Name:	<input type="text"/>		
* BSB Number:	<input type="text"/>	* Account Number:	<input type="text"/>
* Payment Frequency (Circle One)	<input type="text"/> Weekly <input type="text"/> Fortnightly	* First Repayment Date: We recommend your next pay day	<input type="text"/> / <input type="text"/> / <input type="text"/>

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