



For the account holder/s to complete and sign

**Direct debit information**

- This form authorises the fund administrator to direct debit the amount from your nominated financial institution account.
- We will directly debit the amount you advise in your contribution advice via Super On-line, for a particular payment period.
- Direct debiting is not available on the full range of accounts, or may not be offered by some financial institutions. Please contact your financial institution if you are not sure.
- The financial institution may charge a fee for the direct debit arrangement. This will be reflected in your account statements.

**Direct debit procedure**

We will directly debit your bank account, when AMP receives your contribution advice via Super On-line, for the payment amount and period as advised in your contribution advice and credit this amount to your plan.

If the direct debit fails because:

- there are insufficient funds in the nominated account, or
- the nominated account is closed

then AMP or your financial adviser will contact you to discuss the matter. Please ensure that your nominated bank account details are correct and there are sufficient funds in your account.

**Plan details (Plan and payment details are available from your plan's authorised officer)**

<input type="text"/>	<input type="text"/>
Plan name	Plan reference
<input type="text"/>	<input type="text"/>
Payment group name	Starting date of direct debit system

I/We request that you, until further notice, debit my/our account detailed below, the amount The National Mutual Life Association of Australasia Limited (User ID 109) will debit or charge me, 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 monies pursuant to this Authority 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 Authority as to future debits.
- 3 The User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

**Customer details**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Surname	Given name(s)
<input type="text"/>		
Street number and name		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/Suburb	State	Postcode

**Financial institution and account details**

<input type="text"/>	<input type="text"/>	
Financial institution name	Branch name	
<input type="text"/>		
Branch street number and name		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/Suburb	State	Postcode
<input type="text"/>		
Account name		
<input type="text"/>	<input type="text"/>	<input type="text"/>
BSB number	Account number	

<input type="text"/>	<input type="text"/>
Signature of account holder(s)	Date

Please keep a copy of the completed direct debit request for your records