



## Direct debit request

### INSTRUCTIONS/CHECKLIST

Please complete all sections of this form in block letters and tick where appropriate.

**1. Client details**

Complete the full name in which your account is held, including your client reference number.

Done

**2. Bank account details**

Please complete the details of the account to be debited. This section must also be signed and dated by the account signatory/signatories.

Done

**3. Regular savings plan**

Complete your regular savings details:

Done

- Indicate the amount and type of contributions that you wish to make.  
Note: Minimum contributions are \$100 per fortnight or month, or \$500 per quarter.
- Select the frequency of your contributions.

**4. Regular savings plan indexation**

Only complete this section if you wish to have the amount of your contributions indexed.

Done

**5. Direct debit service agreement**

You should read this section carefully.

Done

**6. Declaration and signature**

You must sign and date the form.

Done

Once completed, please send this form to:

Summit Service  
GPO Box 2754  
MELBOURNE VIC 3001

Or fax to Summit on 1800 780 081.

**1. CLIENT DETAILS**

Client name

 -  - 

Client number (eg 0013102-D2-01)

**2. ACCOUNT DETAILS**

Payee account name

Name of bank/financial institution

Bank/Institution branch name

 - 

Branch number

Account number

Signature of account to be debited

Name of signatory

 /  / 

Date

Signature of account to be debited

Name of signatory

 /  / 

Date

