

Direct Margin Lending Direct Debit Request



St.George Bank - A Division of Westpac Banking Corporation ABN 33 007 457 141 AFSL 233714

Section 1 Borrower's Details

Client Reference Number *(if known)*

Name of borrower(s) on the Direct Margin Lending facility

Section 2 Direct Debit Details

Direct debiting is not available on a full range of accounts. If in doubt, please refer to your financial institution.

This request is to enable Direct Margin Lending (USER ID number 137244) to deduct interest payments, periodic payments and margin call payments.

By signing this request, I/we, the account holder(s) whose account is identified below, authorise you, Direct Margin Lending, to use the Direct Debit System to debit my/our account identified below in accordance with the terms of this request.

This Direct Debit Request is subject to the terms and conditions of the Direct Debit Request Service Agreement.

Bank Account name, e.g. Mr John Smith

Name of financial institution

Branch name

BSB number

Account number

Section 3 Authority

I/We request that you debit my/our account for payments to my/our margin loan

Please indicate the type of payments below

<input type="checkbox"/> Initial payment <i>(optional)</i>	▶	Amount
		<input type="text" value="\$"/>

Monthly interest payments for variable loans only

Yearly in advance interest payments for fixed loans only

<input type="checkbox"/> Periodic payments to the loan - not including savings gearing contributions	▶	Amount	Frequency	Date
		<input type="text" value="\$"/>	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	/ /

<input type="checkbox"/> Margin call payments	▶	Amount authorised			
		<table><tr><td>Up to and including</td><td><input type="text" value="\$"/></td><td>OR No Limit <input type="checkbox"/></td></tr></table>	Up to and including	<input type="text" value="\$"/>	OR No Limit <input type="checkbox"/>
Up to and including	<input type="text" value="\$"/>	OR No Limit <input type="checkbox"/>			

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Section 4
Signature(s)
of Account
Holders

Sign in accordance with authority on account.

Borrower/Trustee Signatory 1

Borrower/Trustee Signatory 2

Full name

Full name

Signature

Signature

X

X

Date

Date

/ /

/ /

Section 5
Company
Shareholder

Company Director 1

Company Director 2/Secretary (if applicable)

Full name

Full name

Office held

Office held

Signature

Signature

X

X

Date

Date

/ /

/ /

Common Seal (if applicable)

Please send the completed form to:
Direct Margin Lending
Reply Paid 1467
Royal Exchange NSW 1224
or fax to 1300 768 894
or International +61 2 9995 8280