

Direct Debit Request

SECTION 1 - BORROWER'S DETAILS

Name of borrower(s)

Client Reference Number (if known)

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 St.George Margin Lending (User ID: 137244 or User ID:106209 or User ID: 432933 or User ID: 432934) 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, St.George 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.

At least one of the bank account signatories must be a borrower on the St.George Margin Lending facility, and all bank account holders must sign.

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

Initial payment (optional) ▶

Amount
\$ <input style="width: 150px;" type="text"/>

Monthly interest payments for variable loans only

Yearly in advance interest payments for fixed loans only

Periodic payments to the loan – not including savings gearing contributions ▶

Amount	Frequency	Date
\$ <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	/ /

Margin call payments ▶

Amount authorised		
Up to and including <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	OR No Limit <input type="checkbox"/>

SECTION 4 - SIGNATURE(S) OF ACCOUNT HOLDERS

Sign in accordance with authority on account.

Borrower/Trustee Signatory 1 - Full name

Signature

Date

Borrower/Trustee Signatory 2 - Full name

Signature

Date

SECTION 5 - COMPANY SHAREHOLDER

Sign in accordance with authority on account.

Company Director 1 - Full name

Office held

Signature

Date

Company Director 2/Secretary (if applicable) - Full name

Office held

Signature

Date

Common Seal (if applicable)

Please send the completed form to:
St. George Margin Lending
Reply Paid 1467, Royal Exchange NSW 1224

or email to:
MLTRANSACT@stgeorge.com.au