



Electronic Payment Request – Superannuation (Direct Debit Request)



This form may be used by either a member or an employer. If you are a member Auswide must have your Tax File Number to be able to accept personal contributions.

EMPLOYER OR MEMBER INFORMATION

I/We _____
 Given Names _____ Surname / Company Trading Name _____
 of _____
 Address _____ Postcode _____

request you, until further notice in writing, to debit my / our account described in the section below, any amounts which **Statewide Superannuation Pty Ltd as Trustee of Auswide Superannuation Plan**, (User I.D. Number 067921) may debit or charge me / us through the Direct Debit System.

I / We understand and acknowledge that:

1. The Financial Institution may, in its absolute discretion, determine the order or priority of payment by it of any moneys pursuant to this Request 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 request as to future debits.
3. The User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.
4. I/We consent to the collection, use and disclosure of my/our personal and sensitive information under the Privacy Act 1988.

Signature _____ Signature (if joint account) _____ Date _____

NOTE: This authorisation is to remain in force in accordance with the terms and conditions described at the bottom section of this form.

FINANCIAL INSTITUTION INFORMATION

Name of Bank / C.U. / Building Society etc. _____

Account Name

□□□ – □□□

B.S.B. Number

□□□□□□□□□□

Account Number

NOTE: Direct debiting is not available on the full range of accounts. If in doubt please refer to your Financial Institution. Employers may make payments via the internet (Auswide.On.Line).

DIRECT DEBIT DETAILS

Member/Employer No _____

Frequency of Debits: Monthly Quarterly

Deduction Amount \$ _____

Half Yearly Annually

Start Date* / /

Type of Contribution: Employer Personal

Auswide.On.Line Spouse

Are You Self-Employed Yes No

Member Number of whom spouse contribution will be made: _____

Contact Phone Number _____

Will you be claiming a Tax Deduction? Yes No

TERMS & CONDITIONS

1. Deductions will be made from the bank of the nominated financial institution account.
- 2.*If you select a Monthly payment frequency, deductions will take place on or near your nominated date each month. If you do not specify a date the deduction will take place on or near the 20th of the month.
3. Where your deduction request falls on a Public Holiday or a weekend, the deduction will be made from your nominated account on the next business day.
4. There must be sufficient funds available in your nominated account to meet the amount of the direct debit otherwise a dishonour fee of \$20.00 will be payable to Auswide.
5. To cancel your direct debit authority you must give Auswide at least 20 days advance written notice.
6. This facility will automatically cease if you cease to be member of Auswide.
7. You must notify Auswide if you are no longer eligible to contribute to the Fund.

When completed return this form to:

AUSWIDE CLIENT SERVICES, GPO BOX 1572, ADELAIDE SA 5001