

Request and Authority to debit the account named below to pay LendPlus Financial

Request and Authority to debit

Your Surname or company name: _____
Your Given names: _____ “you” request and authorise **LendPlus Financial & user id 487826** to arrange, through its own financial institution, a debit to your nominated account any amount **LendPlus Financial**, has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert details of account to be debited

Please select where applicable

This a New account Existing account

Payment type

How would you like to make your repayments?

Direct Credit (refer to Welcome letter for details)

Salary Credit

Direct Debit

Salary Credit: When your salary will be paid into your loan or offset account

Direct Credit: When you will arrange a direct deposit into your loan or offset account

Bank account details

Details of account to be debited

Name/s on account to be debited: _____

Financial institution name: _____

Financial institution address: BSB _____

number (Must be 6 Digits) _____ - Account number

Payments cycle

Frequency: Weekly Fortnightly Monthly

(Weekly and fortnightly not available for interest only loans).

Set up my Direct Debit for: Minimum amount

Minimum amount + fixed \$

Fixed amount \$

fixed amount must be more than minimum

Note:



Your Direct Debit amount may change if your Required Monthly Repayment Amount changes because of interest rate changes or if you redraw funds from your loan. This means that we will always debit the higher of either the amount that you nominated or the Required Monthly Repayment Amount.

Acknowledgment

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **LendPlus Financial** as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your signature and address

Signature _____ Date _____
(If signing for a company, sign and print full name and capacity for signing e.g. Director)

Address: _____

Second account signatory (if required)

Signature _____ Date: _____
(If signing for a company, sign and print full name and capacity for signing e.g. Director)

Address : _____

Third account signatory (if required)

Signature _____ Date: _____
(If signing for a company, sign and print full name and capacity for signing e.g. Director)

Address: _____

Fourth account signatory (if required)

Signature _____ Date: _____
(If signing for a company, sign and print full name and capacity for signing e.g. Director)

Address : _____
