Direct Debit Request

I/We request Keystart Loans Limited (User ID NO. 013929 Keystart) to arrange for funds to be debited from my/our nominated account.

Name _____

Address _____

_____Postcode_____

Note: Direct debits are not available on some accounts, please check with your financial institution.

Name of Financial Institution _____

Branch Address _____

_____Postcode_____

Account Name _____

Bank/State/Branch ID No.   ☐☐☐ – ☐☐☐

Account Number   ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Keystart Loan Number   ☐☐☐☐☐

Start date   _____/_____/_____
(Note: It may take up to one week to establish your direct debit.)

Repayment frequency (please tick) Weekly ☐   Fortnightly ☐   Monthly ☐

Repayment Amount   Weekly $_____ Fortnightly $_____ Monthly $_____
(If you wish to repay the standard amount please leave $ blank)

_____   _____
Signature of Customer   Signature of Customer
(If debiting from a joint account, both signatures are required.)

My / Our signature(s) above confirms acceptance of the terms and conditions
contained in the "Keystart Direct Debit Service Agreement ''.