

# 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 St.George 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 St.George 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, 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.

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"/>
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Monthly interest payments for variable loans only

Yearly in advance interest payments for fixed loans only

<input type="checkbox"/> Periodic payments to the loan - <b>not</b> including savings gearing contributions	▶	Amount \$ <input type="text"/>	Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Date / /
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<input type="checkbox"/> Margin call payments	▶	Amount authorised Up to and including \$ <input type="text"/>	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**

Full name

Signature

Date

**Borrower/Trustee Signatory 2**

Full name

Signature

Date

**Section 5**  
Company  
Shareholder

**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

fax to 1300 179 540 (International 61 2 9995 8292)