

Direct Debit Agreement

Direct debit agreement form to pay Superannuation Accounting Services by direct debit.

DEBIT ARRANGEMENT/ PAYMENT DETAILS

Fund name Reference

Once only debit Date / / Debit \$.

Regular debit commencing Date / / Debit \$.

Debit frequency Quarterly * Debit will occur on the first business day of each quarter (July, October, January, April).

FINANCIAL INSTITUTION DETAILS

Financial institution Branch

BSB number Account number

Account holder name

AUTHORISATION

I/We, in my/our capacity as trustee(s), authorise Superannuation Accounting Services, until further notice in writing, to arrange through its financial institution and/or agent to debit my/our account at the financial institution identified above through the Bulk Electronic Clearing System (BECS) in accordance to the debit arrangement stated above and the terms and conditions of the service agreement.

Date

Trustee/ director name Trustee/ director name Trustee/ director name Trustee/ director name

Signature Signature Signature Signature

TERMS AND CONDITIONS

1. Definition

In these terms and conditions:

Financial institution is the financial institution where the fund hold the account that you authorised us to arrange to debit.

Service agreement is the agreement between the trustee(s) and Superannuation Accounting Services to provide the services.

2. Terms of direct debit agreement

I/We, in my/our capacity as trustee(s), hereby authorise Superannuation Accounting Services Pty Ltd (ACN 112 500 642) (herein referred to as "Superannuation Accounting Services") through its financial institution or agent to make periodic debit from the financial institution as indicated on this Direct Debit Agreement.

I/We, in my/our capacity as trustee(s), acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of the Service Agreement with Superannuation Accounting Services.

I/We, in my/our capacity as trustee(s), acknowledge that bank account details have been verified against a recent bank statement to ensure accuracy of the details provided. If uncertain you should contact your financial institution.

I/We, in my/our capacity as trustee(s), acknowledge that it is my/our responsibility to ensure that there is sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight; however transactions can take up to three (3) business days depending on your financial institution. I/We, in my/our capacity as trustee(s), acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available, I/We, in my/our capacity as trustee(s), agree that Superannuation Accounting Services and/or its financial institution or agent will not be held responsible for any fees and charges that may be charged by your financial institution.

I/We, in my/our capacity as trustee(s), acknowledge that there may be a delay in processing if:

- (a) there is a public or bank holiday on the day, or any day after the debit date,
- (b) a payment request is received by Superannuation Accounting Services on a day that is not a banking business day, or
- (c) a payment request is received after normal Superannuation Accounting Services' cut off times.

Any payments that fall due on any of the above will be processed on the next business day.

I/We, in my/our capacity as trustee(s), authorise Superannuation Accounting Services to vary the amount of the payments from time to time as provided for within the Service Agreement with Superannuation Accounting Services. I/We, in my/our capacity as trustee(s), do not require Superannuation Accounting Services or its financial institution or agent to notify me/us of such variations to the debit amount.

I/We, in my/our capacity as trustee(s), acknowledge that Superannuation Accounting Services is to provide 14 days notice if proposing to vary the terms of the debit arrangements.

I/We, in my/our capacity as trustee(s), acknowledge that any request to stop or cancel the debit arrangement must be directed to Superannuation Accounting Services in writing.

I/We, in my/our capacity as trustee(s), acknowledge that any disputed debit payments must be directed to Superannuation Accounting Services. If no resolution is forthcoming you are advised to contact your financial institution.

I/We, in my/our capacity as trustee(s), acknowledge that if a debit is returned by my/our financial institution as unpaid, I/We will be responsible for any fees and charges for each unsuccessful debit. I/We, in my/our capacity as trustee(s), authorise Superannuation Accounting Services to attempt to re-process any unsuccessful payments.