

Print clearly in capital letters using **black or blue ink** if completing this form manually. Place a cross **X** within the appropriate box when selecting an option. If insufficient space, please attach additional pages. Do not sign this application form unless all necessary sections have been fully and accurately completed.

Loan Account Name _____

Loan Account Number _____

CONTACT DETAILS OF BORROWER/S

Name _____

Contact number _____

Email address _____

Postal address _____ Postcode _____

CONTACT DETAILS OF BANK ACCOUNT HOLDER

Name _____

Contact number _____

Email address _____

Postal address _____ Postcode _____

DIRECT DEBIT DETAILS

Nominated financial account details

Account Name _____

BSB _____ Account Number _____

Bank/Branch _____

Payment details

Replace existing details In addition to existing details

Minimum monthly payment;

OR

Nominated payment amount: \$ _____

Weekly Fortnightly Monthly Once only

Date commencing from _____

Signature _____ Signature _____

Date _____ Date _____

If you are providing your bank account details **and you are not the borrower**, you must provide a copy of photographic identification (ie. drivers licence or passport) with this form.

DIRECT DEBIT REQUEST SERVICE AGREEMENT

This authority covers La Trobe Financial Services Pty Limited (**us/we/our**), ABN 30 006 479 527 (APCA User ID Number 064914, 404238, 404239) and Perpetual Corporate Trust Limited ACN 000 341 533 as loan originator/ manager under an arrangement with Perpetual Corporate Trust Limited. This is your Direct Debit Request Service Agreement with us. It sets out your obligations when you provide a Direct Debit Request (**DDR**) to us and our obligations to you in relation to your DDR. Please keep this agreement for future reference. It forms part of the terms and conditions of your DDR and should be read in conjunction with your DDR.

By signing this agreement, you authorise and request we debit your loan contract repayment through the Bulk Electronic Clearing System (**BECS**) from the bank account nominated above in the DDR, subject always to you being entitled from time to time to add to this amount any other charges due by you to us.

By signing this agreement, you acknowledge that:

1. We may determine the order of priority of the payment of monies pursuant to this request;
2. We may by notice in writing to you terminate this request as to future debits;
3. You may, by prior arrangement and or/advice to us change*, stop or defer a debit, or terminate this agreement by providing us with at least 14 business days notification by:
 - writing to GPO BOX 2289, Melbourne, Victoria, 3001; or
 - by telephoning us on 13 80 10 during business hours; or
 - making arrangements through your own financial institution, which is required to act promptly on your instructions.

*Note: in relation to the above reference to 'change', your financial institution may 'change' your debit payment only to the extent of advising us of your new account details.

4. A DDR through BECS is not available on all bank accounts and you have confirmed with your financial institution that the bank details provided above are correct and appropriate for this direct debit request. It is your responsibility to ensure sufficient cleared funds are in the bank account nominated when payments are to be drawn. If you are uncertain as to when the debit will be processed to your account, you are responsible to enquire directly with your financial institution. Where returned unpaid transactions occur, we will treat the payment as if it was never made, a fee may be applied for drawings that are returned unpaid. Where a payment is due on a day which is not a business day, we may process the payment on the next business day;
5. You understand the above authority represents your authority and instruction to your financial institution;
6. For matters relating to the DDR, including cancellation, alteration, deferment or suspension of a drawing arrangement, investigation of or dispute in relation to a payment, you should contact us on 13 80 10.
7. If you believe that there has been an error in debiting the nominated account, you should notify us directly on 13 80 10 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can raise your concern to your financial institution.

If we conclude as a result of our investigations that the nominated account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust the nominated account (including interest and charges) accordingly. We will also notify you in writing of the amount of any such adjustment.

If we conclude as a result of our investigations that the nominated account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

If this matter cannot be resolved, you can refer it to your Financial Institution, which will obtain details from you of the disputed payment and may lodge a claim on your behalf. If you have a complaint about our service please put your complaint in writing and forward to the Chief Operating Officer, La Trobe Financial Services Pty Limited, GPO BOX 2289, Melbourne, Victoria, 3001 or to customerresolution@latrobefinancial.com.au;

8. We will keep any information, including account details in your DDR private and confidential, to be disclosed only at your request or for the purposes of this agreement (including disclosing information in connection with any query or claim) or otherwise as required by law; and
9. All borrowers and account holders must sign this agreement to debit the nominated bank account. Any future requests to change the nominated bank account must be signed by all borrowers as disclosed on the loan contract. Company loans must be signed by a minimum of two (2) company directors or a director and company secretary, unless the company has a sole director.

SIGNATURES

Signature _____	Signature _____
Full name _____	Full name _____
Date _____	Date _____
Signature _____	Signature _____
Full name _____	Full name _____
Date _____	Date _____

RETURN COMPLETED, SIGNED FORM TO:

Mail: **La Trobe Financial**
GPO Box 2289
Melbourne Victoria 3001 Australia

Email: **customerservices@latrobefinancial.com.au**