



Circle Credit Co-operative Limited  
 ABN 46 087 650 968  
 Telephone: (03) 9363 2530  
 Facsimile: (03) 9217 8100

# QuickDebit Application

F138 - 7/2006

## Direct Debit Request

Place  in appropriate box

**Authority and request to debit the account detailed below to pay Circle Credit Co-operative Ltd (User ID No 049275)**

Surname or company name

Given name or ABN

Address

### Authority and request to debit

You authorise and request **Circle Credit Co-operative Ltd (User ID No 049275)**, until further notice in writing, to arrange for any amount **Circle Credit Co-operative Ltd** may properly debit or charge you to be debited from the account identified below through the Bulk Electronic Clearing System.

**Insert the name and address of financial institution at which your account is held:**

Note: Direct debiting may not be available on the full range of accounts. If unsure, please refer to your financial institution for further information.

Financial Institution name

BSB number

Branch

**Insert details of the account to be debited:**

Account name

Account number

### Payment frequency and nominated Circle Credit account to be credited

Effective date

Circle Credit member no.

Account name

Account type (e.g. S6, S8, L45, L55)

	Amount
<input type="checkbox"/> Once only	\$ <input type="text"/>
<input type="checkbox"/> Weekly	\$ <input type="text"/>
<input type="checkbox"/> Fortnightly	\$ <input type="text"/>
<input type="checkbox"/> Monthly	\$ <input type="text"/>
<input type="checkbox"/> Annually	\$ <input type="text"/>

### Signature and date

**SIGN HERE**  Date

**SIGN HERE**  Date