



Client Services contact details

Phone

Within Australia: 1300 759 050

International: +61 2 9248 8090

Email

info@atriuminvest.com.au

Direct debit request

Please use this form if you would like to request or give authority to debit the account below.

Complete all sections in BLOCK letters and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

1. Ensure that you have done the following:

- written your account number and account name as it appears on your latest statements
- provided your correct bank account details
- signed the form as per the 'Insert your signature and address' in section 6.

2. Send your debit request to us.

You can return your forms by post or email according to the details below:

Send by post: Atrium – Registry Services
 GPO Box 804
 Melbourne VIC 3001

Fax to: 02 8066 0347

Scan and email to: atrium_transactions@unitregistry.com.au
 Please include your account number in the subject line of your email.

1 Request and authority to debit

Surname or Company name

Given name(s) or ACN/ARBN/ABN

Request and authorise National Australia Bank Limited Debit User Identification number 192 212 (Merchant Services) and/or 339 551 (NAB Extras) to debit any amount described as the Payment Details below through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to National Australia Bank Limited, subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below.

2 Financial institution

The name and address of financial institution at which account is held

Financial institution name

Address

State

Postcode

3 Account to be debited

Name of account

BSB number

Account number

4 Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and National Australia Bank Limited as set out in this Request and in your Direct Debit Request Service Agreement.

5 Payment details/instructions

All amounts NAB is entitled to debit under the Letter of Offer and Merchant Agreement including fees, charges and the dollar value of NAB Extras sales, amounts less your commission.

6 Signature

Signature (if signing for a company, sign and print full name and capacity for signing e.g. director)

Address

Date (DD/MM/YYYY)