Loan Repayment Authority

Please complete individual forms for each home loan.

Section 1 - Customer / Company Details Customer/s or Company Name Application/Customer Number **Section 2 - Application Type** Complete (A) OR (B) (A) New Home Loan Customers Only Do you require automatic payments to your Loan Account to be set up at settlement? Yes (Complete Section 3, 4, 7, and return the form) No (Complete section 7 and return the form) *If you select no, it is your responsibility to meet the minimum monthly repayments to your Loan Account in accordance with the Terms and Conditions of your loan. (B) All Other Applications Please tick applicable boxes: I want to: Set up a regular payment ☐ Change a regular payment ☐ Cancel a regular payment* (DD/MM/YYYY) To commence **: To my: Adelaide Bank Loan Account (Complete section 3, 4, 7, and return the form)

*If you are cancelling a regular payment, please fill out required sections as per the payment arrangement details that are currently in place so we can ensure we are cancelling the correct payment.

Adelaide Bank Visa Credit or Line of Credit Account (Complete section 3, 5, 7, and return the form)

☐ Adelaide Bank Savings or Deposit Account (Complete section 3, 6, 7, and return the form)
☐ Account at another Financial Institution (Complete section 3, 6, 7, and return the form)

Section 3 - Account Details to Draw Payments From

Name of Financial Institution	Account Name
BSB Number	Account Number

Please note: If funds are being debited from another Financial Institution, you may incur a fee from that Financial Institution.

Section 4 - Payments to your Adelaide Bank Loan Account

Application or Customer/Account Number	
Please tick amount you want paid into your Loan Account:	
Minimum loan payment (i.e. loan repayment amount plus any administration fees rounded to the next whole dollar)	
Minimum loan payment plus a fixed amount of \$	
Fixed payment** of \$	
Please tick your chosen frequency:	
☐ Weekly* ☐ Fortnightly* ☐ Monthly	

*Weekly or fortnightly payments on Interest Only Loans require you to specify the fixed amounts – minimum payment arrangements are not available. These fixed amounts must meet the minimum loan repayment unless otherwise agreed.

**Where a fixed amount has been nominated, this amount will be deducted irrespective of the minimum loan repayment, therefore any shortfall must be paid separately in accordance with the Terms and Conditions of your loan.

This is an **Automatic Deduction** authority if funds are debited from a Bendigo and Adelaide Bank Account, or a **Direct Debit Request** authority if funds are debited from another financial institution.

Adelaide Bank a Division of Bendigo and Adelaide Bank Limited ABN 11 068 049 178 Australian Credit Licence Number 237879, GPO Box 1048, Adelaide SA 5001. 07/17 BEN30ABAF012

^{**}Please allow a minimum of 5 business days for processing from the date of receipt of application.

Section 5 - Payments to your Adelaide Bank Visa or Line of Credit Account

Application or Customer/Account Num	ber		
Please tick amount you want paid int	o your Visa or Line of Credit Account	:	
Monthly closing statement balance	e (Visa only)		
☐ Minimum payment (shown on state	ement)		
☐ Minimum payment (shown on state	ement) plus a fixed amount of \$		
☐ Fixed payment** of \$			
Please tick your chosen frequency: Weekly* Fortnightly*	☐ Monthly		
any) on the account. You must still ma ** Weekly or fortnightly payments on In unless otherwise agreed. This is an Auto Payment Plan .	ke the minimum monthly payment in a nterest Only Loans require you to spec	rrespective of the minimum payment or naccordance with the Terms and Condition cify the fixed amounts. These amounts m	s of your account.
Section 6 - Payments to A	nother Account		
Name of Financial Institution		Account Name	
DCD Ni web ev			
BSB Number		Account Number	
Please note: If funds are being transfe	erred to a Credit Union, account nam	as must be identical	
_			
Please specify the amount you want p Fixed payment* of \$	Jaid into the above mentioned accou	nt:	
Please tick your chosen frequency: Weekly* Fortnightly* Quarterly* Half yearly*	☐ Monthly ☐ Annually		
	tution to a Bendigo and Adelaide Ban	nd Adelaide Bank account, it is an Auto k account, it is an Auto Payment Plan . I	
	· · · · · · · · · · · · · · · · · · ·	re insufficient funds in my/our account), al Payment authority will be cancelled. I/	
Section 7 - Customer Auth	norisation		
(through the Bulk Electronic Clearing S conditions and the terms and condition	system). I/We acknowledge having rec ns applicable to my/our account. If ap	ess the regular payment set out above in eived and agree to be bound by the Acco policable, I/We acknowledge that where anise to make the loan repayments in te	essing Your Account terms and /we have indicated that an
Customer 1		Customer 2	
Name:		Name:	
Signature:	Date (DD/MM/YYY):	Signature:	Date (DD/MM/YYY):
	/ /		/ /
Please tick applicable box:		Please tick applicable box:	
I am the: Account owner	Secretary/Sole	I am the: Account owner	Secretary/Sole
Secretary Director/Sole Director	Authorised Signatory	Secretary Director/Sole Director	Authorised Signatory
Please note: account holders must si	ign in accordance with the method o	f operation for the debited account.	