

Name: _____ La Trobe loan account number: _____

Contact details for borrower:

Correspondence address: _____

Contact name: _____

Contact number: _____ Email address: _____

Contact details for bank account holder:

Contact name: _____

Correspondence address: _____

Contact number: _____ Email address: _____

Payment details

<input type="checkbox"/> Replace existing details		<input type="checkbox"/> In addition to existing details
<input type="checkbox"/> Minimum monthly payment	OR	<input type="checkbox"/> Nominated payment amount \$ _____
<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Once Only	commencing from: _____ / _____ / _____	

Name of financial institution where bank account is held: _____

Branch: _____ BSB: _____ Account No.: _____

Name on bank account (i.e. Mr B and Mrs F Smith/ABC Pty Ltd.) : _____

Name of all bank account holders: _____

Signature of all bank account holders: _____

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.

I/We hereby authorise and request you to debit my/our loan contract repayment from the bank account nominated above pursuant to my/our agreement with you subject always to you being entitled from time to time to add to this amount any other charges due by me/us under the agreement. I/we authorise you to increase the amount debited to an amount sufficient to cover the Total Monthly Loan Repayment should my/our loan contract repayment increase at any time.

This authority covers La Trobe Financial Services Pty. Ltd. ABN 30 006 479 527 and related companies with which I/we have an agreement. I/we acknowledge that:

1. The financial institution may in its absolute discretion determine the order of priority of the payment by it of monies pursuant to this request or any other mandate or authority;
2. The financial institution may in its absolute discretion at any time by notice in writing to me/us terminate this request as to future debits;
3. You may, by prior arrangement and or/advice to me/us, vary the amount of the frequency of future debits;
4. Where a Payment is due on a day which is not a business day, La Trobe Financial may process the payment on the next business day; and

- 5. I/we understand the above authority represents my/our authority and instruction to my/our financial institution.
- 6. All borrowers must sign this authority 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 unless the company is sole directorship.

Return completed, signed form to:

Please return this form by facsimile to (03) 5177 1735.

Or Post to: La Trobe Financial Services, PO Box 403,Traralgon VIC 3844

Or Email to: reception@latrobefinancial.com.au

Signature of borrower

Date

Signature of borrower

Date

Signature of borrower

Date

Signature of borrower

Date

Office Use Only

Signatures Confirmed _____ Processed by _____