

4. Payment Instructions

Frequency (✓) tick one

Weekly (i.e. one quarter of the required monthly repayment)

Fortnightly (i.e. one half of the required monthly repayment)

Monthly (i.e. the required monthly repayment amount)

Commencement Date

Day _____ Date ____/____/____

Day _____ Date ____/____/____

(Commencement date cannot be in current month if repayment date has passed)

*The first payment amount will be drawn on the nominated day 1 week after the next monthly repayment due date.

**The first payment amount will be drawn on the nominated day 2 weeks after the next monthly repayment due date.

NB. Commencement date cannot be in the current month if the repayment date has passed, and will be on the next monthly repayment due date. In all cases, where a Weekly or Fortnightly frequency is chosen, the initial payment must be for the monthly repayment amount followed by the nominated weekly or fortnightly payment amount.

Additional Payment Options (✓) tick one

Required Monthly Payment

Extra Amount (for loans at a variable rate only)

\$ _____ .00

(to be transferred each week/fortnight/month in addition to the weekly/fortnightly/monthly debit towards my/our required monthly repayment)

Fixed Whole Amount (for loans at a variable rate only)

\$ _____ .00

(being a fixed amount the Debit User will debit under this authority until the amount of the weekly/fortnightly/monthly payments necessary to make up the required monthly repayment exceed that fixed amount, at which time I/we authorise the Bank to debit the fortnightly/monthly payment necessary to make up the required repayment.)

5. Cancellation

Direct Debit Request for Nominated Transaction Account at another Financial Institution

I hereby cancel my/our existing Direct Debit arrangement with BankSA, a division of St. George Bank Limited. ABN 92 055 513 070. Debit User Number 000439 with respect to the payment of the loan account set out in section 1 of this form.

Automatic Transfer Authority for Nominated Transaction Account at BankSA

I/We hereby cancel my/our existing authority for Automatic Transfer with respect to the payment of the loan account set out in Section 1 of this form.

6. Customer Signature

To be signed according to the authority held on the Nominated Transaction Account.

Signature 1 _____

Signature 2 _____

Date ____/____/____

Date ____/____/____

Branch Use Only

Where payment method is to be by Direct Debit Request, a Direct Debit Request Service Agreement was issued to customer

on ____/____/____ by _____
(Bank Officer's/Broker's name)

Branch Date Stamp

Employee Name _____

Employee No. _____

Contact Number _____

Branch Instructions

For use on LIS Loans only.

Screen 0100 – Payment Details. Always do enquiry first 'E' before processing Change 'C'.

Print O15 Repayment Enquiry.

Input by _____

Checked by _____

After input please forward completed form to Imaging Department, Kogarah.