

Employer direct debit request for Employer Access



Please complete this form in **black ink** using **BLOCK** letters.

Please return this completed form to: Club Plus Administration, Locked Bag 5007 Parramatta NSW 2124.

Section 1: Employer details

Employer Number	Month deductions to commence (DD/MM/YY)	
<input type="text"/>	<input type="text"/>	
Mr/Mrs/Ms/Miss	Surname	
<input type="text"/>	<input type="text"/>	
Given Names		
<input type="text"/>		
Street Number / PO Box	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

Section 2: Details of the account to be debited

Name of Financial Institution		
<input type="text"/>		
Street Number / PO Box	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Account to be debited		
<input type="text"/>		
BSB Number	Account Number	
<input type="text"/>	<input type="text"/>	

Section 3: Business/Company details

I/We,	
Mr/Mrs/Ms/Miss	Surname
<input type="text"/>	<input type="text"/>
Given Names	
<input type="text"/>	
Company Name	
<input type="text"/>	
Australian Business Number (ABN)	
<input type="text"/>	
authorise Club Plus Superannuation Pty Limited ABN 26 003 217 990 as Trustee for Club Plus (User ID No. 125471) to arrange for funds to be debited from my/our account at the financial institution identified above and prescribed through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms described in the Service Agreement.	
Your Signature	Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>
Co-signature (all signatures may be required for joint accounts)	Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>