

Card Services Direct Debit Request Form



Please complete the following form using blue/black ink and capital letters and:

Post: Card Services, PO Box 3427, Rhodes NSW 2138 or

Fax: 1300 368 595

For more information, please contact us on: **Phone:** 1300 10 1234

By setting up a direct debit on your Card, you never have to worry about missing a monthly payment. Direct debit automatically pays your Card account every month on or before the due date from the bank account of your choice. With this flexible option you can choose to pay any amount equal to or greater than the minimum payment.

This form authorises us to debit your account with another financial institution. Please be aware that under the Direct Debit Scheme regulations, we can only accept a direct debit drawn from a bank account in the name of the primary cardholder.

You have three options when organising your direct debit. Choose the option most convenient for you by ticking the relevant box on this form:

- Minimum repayment** – You can organise to only have the minimum amount paid to your Card each month. If you choose this option but would like to pay more, you can still use any of the alternative payment methods listed on your statement to pay the additional amount.
- Full statement balance** – Your Card is paid in full each month, including any balance transfers or Interest Free Finance balances.
- Set monthly amount** – You can nominate a set amount to be paid to your Card each month. This set amount must be greater than the minimum payment due. If your Closing Balance is less than your set amount, the Closing Balance will be paid.

As soon as your direct debit facility has been set up, a message will appear on your statement. Until you see this message, please continue to make your payment by any of the alternative methods listed on your statement.

Please refer to the *Card Services Conditions of Use* booklet for the direct debit request service agreement.

| Primary cardholder details | |
|----------------------------------|----------------|
| Card number | |
| First name | |
| Surname | |
| Daytime contact number () | |
| Payment account details | |
| Name of financial institution | |
| Address of financial institution | |
| Account name | |
| Branch number (BSB) | Account number |

| Payment options |
|---|
| I authorise you, Macquarie Card Services (User ID 320357) until further notice in writing, to debit my above mentioned account, for the following amount (please select one from the following): |
| Note: If you would like to take advantage of any Interest Free Finance or balance transfer Special Promotions for the full promotional period, you must choose either option A or C. |
| <input type="checkbox"/> A. Minimum Payment Due (as required by the Conditions of Use) |
| <input type="checkbox"/> B. The full amount of the Closing Balance on my monthly statement (including any balance transfers and other Interest Free Finance balances). |
| <input type="checkbox"/> C. A set monthly payment amount* \$ |
| * Must be greater than the Minimum Payment Due. If your Closing Balance is less than your set amount, the Closing Balance will be paid. |
| Please note: If you do not make a selection, you will automatically be placed on Minimum Payment Due option. |
| Please sign |
| By signing and/or returning this form, I acknowledge I have read and understood the terms and conditions governing the arrangements between Card Services and myself as set out in this form and the Direct Debit Request Service Agreement located in Schedule 1 of the <i>Woolworths Money Credit Cards Conditions of Use</i> . |
| Signature <input type="text"/> |
| Date (DD/MM/YYYY) / / |

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