

## Direct Debit Request (DDR) Form

Please use **CAPITAL** letters.  
This form is for all funds.

### Part 1: Personal details

Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>				
To	Foresters Financial GPO Box 4702 Melbourne, VIC 3003				
Policy Holder 1	<input type="text"/>				
Policy Holder 2 (if joint policy)	<input type="text"/>				
Address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Request you to direct debit the account described in the schedule below, any amounts which Foresters Financial (User ID No. 028104) may debit or charge through the Direct Debit System.

#### I/We understand and acknowledge that:

1. The Bank/Financial Institution may in its absolute discretion determine the order of priority of payments by it of any money's pursuant to this request or any authority or mandate; and
2. The Bank/Financial Institution may in its absolute discretion at any time by notice in writing to me/us terminate this request as to future debits.

### Part 2: Payment Method

#### A. Bank Details

Holder of Account	<input type="text"/>				
Bank Name	<input type="text"/>				
Branch Number (BSB)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Signature Account Holder 1	<input type="text"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Signature Account Holder 2 (if joint account)	<input type="text"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		

#### AND/OR

#### B. Credit Card Details

<input type="checkbox"/> Visa	OR	<input type="checkbox"/> Mastercard													
Credit Card Number	<input type="text"/>														
Expiry Date	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Security Code/CVV	<input type="text"/> <input type="text"/> <input type="text"/>												

(3 digit number on the back of your card)

**PLEASE NOTE: Amex cards are not accepted.**

*Please turn over to complete the form.*

## Payment Frequency

### A. One-off Payment

Credit Card OR  Bank Account

Amount to be deducted \$       .

Deduction to be made on/or after this date

### AND/OR

### B. Ongoing Payments

Credit Card OR  Bank Account

Amount to be deducted \$       .   Target Amount \$       .

Frequency of deductions  Fortnightly  Monthly  Quarterly  Half-Yearly  Yearly

Date to start deductions

Signature  
Account Holder 1

Date

Signature  
Account Holder 2  
(if joint account)

Date

**Notice of any changes to terms of agreement require 14 days' notice.**

Our privacy policy covers how we handle your personal information and is available at [www.forestersfinancial.com.au/privacy](http://www.forestersfinancial.com.au/privacy) or by calling us on 1800 645 326.

## Part 3: Direct Debit Request (DDR) Service Agreement

**This document outlines our service commitments to you, in respect of the DDR arrangements made between Foresters and you. It sets out your rights, our commitments to you and your responsibilities to us, together with where you should go for assistance.**

### INITIAL TERMS OF AGREEMENT

In terms of the DDR arrangements specified on your DDR Form, made between us and signed by you, we undertake to periodically debit the nominated account for the agreed amount for contributions to your Prepaid Funeral Plan.

### DIRECT DEBIT ARRANGEMENTS

The first direct debit under this DDR arrangement will occur in accordance with your DDR form. If any direct debit falls due on a non-business day, it will be debited to your account on the next business day following the scheduled direct debit date.

We will give you at least 14 days' notice in writing when changes to the initial terms of the arrangements are made. The notice will state relevant changes to the initial terms.

If you wish to discuss any changes to the initial terms, telephone us on 03 8580 4000 or 1800 645 326 (free call).

### CHANGES TO THE ARRANGEMENT

All changes to the DDR arrangements must be in writing and forwarded directly to Foresters at least 14 business days prior to the date of your specific change. These changes may include:

- Deferring the direct debit; or
- Altering the schedule; or
- Stopping an individual debit; or
- Suspending the DDR; or
- Cancelling the DDR completely.

### YOUR COMMITMENT TO US

It is your responsibility to ensure that:

- Your nominated account can accept direct debits (your financial institution can confirm this);
- On the direct debit date there are sufficient cleared funds in the nominated account; and
- You advise us if the nominated account is transferred or closed.

If your DDR is returned or dishonoured by your financial institution, you will be advised in writing that we will add that DDR amount on the next scheduled direct debit date. Any transaction fees incurred by us in respect to the above may be recovered by adding that amount to the next scheduled DDR.

### DISPUTES

If you believe that a direct debit has been initiated incorrectly, we recommend that you take the matter up directly with us by contacting us on 03 8580 4000, or 1800 645 326 (free call), during office hours.

If the dispute is unresolved and/or you are dissatisfied with the response, contact your financial institution who will respond to your claim within 7 business days for claims lodged within 12 months of the disputed direct debit or within 30 business days for claims lodged more than 12 months after the disputed direct debit.

You will receive a refund of the direct debit amount if we cannot substantiate the reason for the direct debit.

### ENQUIRIES

Direct all enquiries to us, rather than your financial institution, at least 5 business days prior to the next scheduled direct debit date. All communication should include your member and policy numbers.

All personal customer information held by us will be kept confidential, except for that information provided to our financial institution to initiate the direct debit to your nominated account.