

# Macquarie Cash Solutions

## Direct Debit Request

Macquarie Bank Limited ABN 46 008 583 542 AFSL No. 237502 is the provider of the Macquarie Cash Management Account (CMA) and Macquarie Cash XL (Cash XL).



PLEASE USE BLACK INK

Use this form to set up or amend a regular Direct Debit.

- Complete section 2 if you would like to set up regular Direct Debits.
- Complete section 3 if you would like to amend or cancel an existing regular Direct Debit.

TO BE COMPLETED BY NOMINATED ACCOUNT HOLDERS (NOT THIRD PARTY SIGNATORIES).

### Return this form to:

Reply Paid 85744  
Sydney NSW 2001

Fax: 1800 550 140  
Overseas fax: +61 7 3233 5499

Phone: 1800 806 310  
Overseas phone: +61 7 3233 8136

Visit [macquarie.com.au/personal/contact](http://macquarie.com.au/personal/contact) for office locations in Sydney, Melbourne, Brisbane, Perth, and Adelaide.

Online: [macquarie.com.au/personal](http://macquarie.com.au/personal)  
Email: [transact@macquarie.com](mailto:transact@macquarie.com)

### 1 Your Macquarie account details

What is your account name?

What is your account number?

### 2 Your new regular Direct Debit details

First Direct Debit

First deposit (if different from ongoing Direct Debit – minimum \$250)

Regular deposit amount (minimum \$250 per transaction)

When would you like the initial deposit to be processed?

Immediately

Other  Please specify date

Timing:

Weekly  Day of week

Monthly  Start date

Quarterly  Start month

Half yearly  Start month

Yearly  Start date

Details of account to be debited

(You cannot nominate a third party account below. The account must be in the same name as your Macquarie CMA or Cash XL).

Name of financial institution

Branch name

Branch (BSB)

Account number

Account name

### Second Direct Debit

First deposit (if different from ongoing Direct Debit minimum \$250)

Regular deposit amount (minimum \$250 per transaction)

When would you like the initial deposit to be processed?

Immediately

Other  Please specify date

Timing:

Weekly  Day of week

Monthly  Start date

Quarterly  Start month

Half yearly  Start month

Yearly  Start date

Details of account to be debited

(You cannot nominate a third party account below. The account must be in the same name as your Macquarie CMA or Cash XL).

Name of financial institution

Branch name

Branch (BSB)

Account number

Account name



You need to attach an account statement that is less than six months old for the account you are debiting.

### Office use only

Sig Ver

Macquarie Access Code

Work Item Number (WIN)



Registered to BPAY Pty Ltd ABN 69 079137 518

**3 Amendments or cancellation of an existing Direct Debit**

Would you like to amend or cancel your existing Direct Debit?

Amend  Cancel

**What are your existing Direct Debit details?**

Regular deposit amount

Timing:

Weekly  Day of week

Monthly  Start date

Quarterly  Start month

Half yearly  Start month

Yearly  Start date

Details of existing account being debited

Name of financial institution

Branch name

Branch (BSB)

Account number

Account name

**What are your new Direct Debit details?**

Regular deposit amount

Timing

*Quarterly and yearly plans are debited at the end of the nominated month*

Weekly  Day of week

Monthly  Start date

Quarterly  Start month

Half yearly  Start month

Yearly  Start date

**New account being debited**

You cannot nominate a third party account below. The account must be in the same name as your Macquarie CMA or Cash XL.

Name of financial institution

Branch name

Branch (BSB)

Account number

Account name



*If you are changing bank account details, you need to attach an account statement that is less than six months old for the account you are debiting.*

**4 Declaration and signatures**

**TO BE SIGNED BY NOMINATED ACCOUNT HOLDERS (NOT THIRD PARTY SIGNATORIES)**

By completing this form, you accept and agree to be bound by the terms and conditions contained in the CMA Product Information Statement and/or Cash XL Product Information Statement (as applicable to you, which relate to the use of the Direct Debit service). If you do not already have a copy of the relevant offer document you can obtain it from our website at [macquarie.com.au/personal](http://macquarie.com.au/personal).

**Signature 1**

Mr  Mrs  Miss  Ms  Other

Name (print here)

Any other name known by (if applicable)

If a company officer, your corporate title

Individual  Director  Sole Director  Secretary

Trustee  Other (please specify)

Signature

Date

**Signature 2**

Mr  Mrs  Miss  Ms  Other

Name (print here)

Any other name known by (if applicable)

If a company officer, your corporate title

Individual  Director  Secretary

Trustee  Other (please specify)

Signature

Date