

Macquarie Direct Debit Request

Macquarie Bank Limited ABN 46 008 583 542 AFSL 237502

Macquarie Investment Management Limited ABN 66 002 867 003 AFSL 237492 RSEL L0001281 (User ID 013402)

Please use this form to authorise and request, amend or cancel a regular Direct Debit on your relevant cash account with us, including the Macquarie Cash Management Account. Alternatively, you or your Financial Service Professional can reduce or cancel a regular Direct Debit at any time by contacting us.

Please return this form by email to transact@macquarie.com or mail to Reply Paid 85744 Sydney NSW 2001



Your Macquarie account details

Account number:				
Account name:				
Action to be taken: New payment ▶ go to section 2 Amend or cancel existing payment ▶ go to section 3				



Your new regular Direct Debit details

First Direct Debit	Second Direct Debit			
First deposit amount:	First deposit amount: \$			
Regular deposit amount:	Regular deposit amount: \$			
Vhen would you like the initial deposit to be processed?	When would you like the initial deposit to be processed?			
Immediately Other, date: / /	Immediately Other, date: / /			
Once-off, date:	Once-off, date:			
iming	Timing			
Weekly, day of week:	Weekly, day of week:			
Monthly, start date:	Monthly, start date:			
Quarterly*, start month:	Quarterly*, start month:			
Half yearly, start month:	Half yearly, start month:			
Yearly*, start date:	Yearly*, start date:			
Details of account to be debited You can't nominate a third party account. The account must be in the same name as your Macquarie cash account.	Petails of account to be debited You can't nominate a third party account. The account must be in the same name as your Macquarie cash account.			
Account name:	Account name:			
BSB:	BSB:			
Account number:	Account number:			



Amendments or cancellation of an existing Direct Debit

What are your existing Direct Debit details?				What are your new Direct Debit details?		
Regular deposit amount:	\$			Regular deposit amount: \$		
Fiming Weekly, day of week:				Timing Once-off, date:		
Monthly, start date:		/	/	Weekly, day of week:		
Quarterly, start month:				Monthly, start date:	/	/
Half yearly, start month:				Quarterly*, start month:		
Yearly, start date:		/	/	Half yearly, start month:		
				Yearly*, start date:	/	/
Details of account to be debited Financial institution:				Details of new account being debited You can't nominate a third party account. The account must be in the same name as your Macquarie cash account.		
Account name:			Account name:			
		BSB:			BSB:	
Account number:			Account number:			
If you are changing ba		nt details	, you need to	attach a bank statement that is less	than six mor	ths old for



Declaration and signatures

You can sign this form electronically via one of our approved electronic signature providers and submit the form via email with any additional documentation required. Please visit Help Centre to view our submission requirements and a list of our approved electronic signature providers. Please attach a copy of the account holder(s) Driver's License or Passport, if you haven't already provided one. The identification doesn't need to be certified.						
By completing this form, you accept and agree to be bound by the terms and conditions contained in the product offer documents (as applicable to you, which relate to the Direct Debit Request Service Agreement). If you don't already have a copy of the relevant offer document, you can obtain it from our website macquarie.com.au						
Signature 1	Signature 2					
Date: / / Title:	Date: / / Title:					
Name:	Name:					
Any other name known by (if applicable)	Any other name known by (if applicable)					

For more information, please visit **help.macquarie.com.au** or contact Macquarie Cash on **1800 806 310** or Macquarie Wrap on **1800 025 063**.