



REQUEST FOR CREDITING COMMISSION PAYMENTS TO ACCOUNTS BY DIRECT CREDIT

Date (DD/MM/YYYY)

SOB/TPMI Number

Originator/Broker name

ABN

Address

Suburb

State

Postcode

Insert your full name (Company name or business name)

I/We

request Australia and New Zealand Banking Group Limited ABN 11 005 357 522 (ANZ), until further notice in writing, to arrange for funds to be credited to my/our account described in the schedule below.

Authorised Signature(s) (if joint account all signatures may be required)

Name (Surname, Given Name)

Authorised Signature(s)

Name (Surname, Given Name)

THE SCHEDULE

Insert name and Address of Financial Institution at which your account is held

Name

Address

Suburb

State

Postcode

Insert name of account to be credited

BSB Number*

Account Number*

* If you are unsure of your BSB or account number, please contact your Financial Institution

Email address (For commission reports to be sent to)

Note: Direct crediting is not available on the full range of accounts. If is doubt, please refer to your Financial Institution.