

# Direct Debit Authority Form



Complete this form if you want to arrange to make regular personal contributions into your Slate Super account via a direct debit from your nominated bank account.

You can find detailed information about Slate Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from [www.slatesuper.com.au](http://www.slatesuper.com.au) or on request by phoning **02 8074 1772**.

This form may be posted to Slate Super **PO Box R1979 Royal Exchange NSW 1225** or scanned and emailed to [info@slatesuper.com.au](mailto:info@slatesuper.com.au).

## 1. Personal Details

Given Name(s)	Surname		
Member Number	Date of Birth		
	DD	MM	YYYY
Mobile Phone Number	Email Address*		
Residential Address	City	State	Postcode

\* By providing your email address, you consent and authorise us to send you communications or information, including information required by law, via email or similar technologies. Your details will never be passed onto a third party other than in accordance with our Privacy Policy. You can unsubscribe from our non-essential emails at any point or elect to receive communications by post by contacting Slate Super on **02 8074 1772** or via email at [info@slatesuper.com.au](mailto:info@slatesuper.com.au) or in writing at **PO Box R1979, Royal Exchange NSW 1225**.

## X. Details of Bank Account to be Debited

Name of Financial Institution	Account Name		
Branch Address	City	State	Postcode
BSB Number	Account Number		

## 3. Contribution Amount and Frequency

Please nominate how often you would like your account to be debited.

Monthly\*

Quarterly^

\* Monthly direct debits will occur on the 15th of each month.

^ Quarterly direct debits will occur on the 15th of the month ending each business quarter (March, June, September, December).

Amount to be Debited \$

## 4. Bank Account Holders' Authorisation

I/We request Diversa Trustees Limited to debit from My/Our account the amount described in Section 3 above through the direct debit system. By signing this form, I/We acknowledge that I/we have read the Direct Debit Service Agreement and agree to be bound by its terms and conditions.

Full name of Account Signatory 1

Full name of Account Signatory 2

Signature

Signature

Date

DD	MM	YYYY
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Date

DD	MM	YYYY
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**PRIVACY STATEMENT:** By signing this form you consent to Slate Super collecting and using your personal information in order to establish and administer your super account, improve our products and services, keep you informed and comply with the relevant legislation. Your personal information is generally collected from you but sometimes it may be collected from third parties like your employer or another Australian super fund with whom you have an account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer, in order to administer your account. To access your personal information or for a copy of our Privacy Policy, visit [www.slatesuper.com.au](http://www.slatesuper.com.au), phone **02 8074 1772** or email us at [info@slatesuper.com.au](mailto:info@slatesuper.com.au).