

DIRECT DEBIT REQUEST

I/We request you **Keystart Loans Limited** (User ID NO. 013929 Keystart) to arrange for funds to be debited from my/our nominated account at the Financial Institution shown below according to the schedule specified below.

Name _____

Address _____

_____ Postcode _____

THE SCHEDULE

(NB Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.)

Commencement Date _____

(If new loan, leave blank. We will advise you of the date once funding is completed or in the case of construction loans, when funding commences)

Repayment Frequency 1. Weekly 2. Fortnightly 3. Monthly 4. Once Off
 (Please cross X)

Weekly and Fortnightly Payments Options **Mon Tue Wed Thu Fri**
 Please nominate the day of the week you wish your repayment to be taken

Payment Amount \$.

Keystart Loan Number

Financial Institution _____

Branch Address _____

Account Name _____

Bank/State/Branch ID No. -

Account Number

 Signature of Customer Signature of Customer
 (If debiting from a joint account both signatures are required)

My / Our signature(s) above confirm acceptance of the terms and conditions contained in the "Keystart Direct Debit Service Agreement".