

Employer direct debit request

For online super

Please use **BLOCK letters and black ink** when completing this form.
This request will be invalid if unsigned.

Return this completed form to:
legalsuper
GPO Box 4952
Melbourne VIC 3001
DX145 Melbourne
Phone: 1800 060 312
Fax: 1800 614 431
Email: mail@legalsuper.com.au

1. Employer details

Employer number	Month deductions to commence	Email address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer name			
<input type="text"/>			
Contact name	Contact number		
<input type="text"/>	<input type="text"/>		
Business address			
<input type="text"/>			
Town or Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

2. Details of the account to be debited

Name of financial institution			
<input type="text"/>			
Address of financial institution			
<input type="text"/>			
Town or Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of account to be debited			
<input type="text"/>			
BSB number	Account number		
<input type="text"/>	<input type="text"/>		

3. Preferred web option (please tick one only)

<input type="checkbox"/> Option 1 - e-Form	<input type="checkbox"/> Option 2 - Upload facility
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4. Business / Company details

I/We,	
Given Name	Surname
<input type="text"/>	<input type="text"/>
Company Name	ABN number
<input type="text"/>	<input type="text"/>

authorise Legal Super Pty Ltd ABN 37 004 455 789 as Trustee for legalsuper (USER ID No. 230802) to arrange for funds to be debited from my/our account at the financial institution identified above and prescribed through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms described in the Service Agreement.

Your Signature	Co-signature (all signatures may be required for joint accounts)
<input type="text"/>	<input type="text"/>
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>