

Direct Debit Authority for APS Savings

Investor No. (if known)	
Name(s)	
Name(s)	
Preferred Phone	
Email	

I/We authorise APS Savings Ltd (ABN 21 150 630 694 & AFSLN 405934) to arrange for funds to be debited from my/our account at the financial institution identified below through the Bulk Electronic Clearing System (BECS) and paid to APS Savings Ltd.

Payment Details (Your Financial Institution)

Account Name					
Name of Institution		BSB Number		Account Number	
Amount	\$				

Frequency of Deduction (Please indicate)

One- off		Weekly		Fortnightly		Monthly	
----------	--	--------	--	-------------	--	---------	--

Signature(s).....Date...../...../.....

Signature(s).....Date...../...../.....