

Direct debit request form for monthly payments

Police Benefits Reference Number: _____

I / we / business name: _____

authorise Countrywide Austral Pty Ltd trading as Police Benefits, until further notice,
to debit funds as agreed by me/us from my/our nominated bank account shown below:

Account name/s: _____

BSB number: -

Account number:

Financial institution name: _____

Account holder 1 signature: _____

Account holder 1 signature: _____

Date: _____

Upon completion, please scan and return form to admin@000benefits.com.au