



Glebe Income Accounts

PERIODIC PAYMENT REQUEST

AUTHORISATION

I/We request the Glebe Administration Board make payments to the nominated account below, from my/our Glebe At-Call All-In-One Account or Premium Account according to the payment details specified below.

REQUEST TYPE & ACCOUNT DETAILS

New Periodic Payment Request OR Change an existing Periodic Payment Request
(This replaces an existing Periodic Payment request instruction)

From Glebe Income Account Number \$.

ACCOUNT NAME(S)

PERIODIC PAYMENT DETAILS

Commencing on / / please debit the Glebe account number listed above.

Weekly Fortnightly Monthly Quarterly Half-Yearly

until date of final payment / / or until further notice

with the sum of \$, . to the below account.

DETAILS OF TO ACCOUNT / FINANCIAL INSTITUTION

Name of financial institution

Branch Branch number (BSB) --

Account name

Account number External credit payment reference (Limited to 18 characters only)

To GIA Number \$.

An additional reference field (38 characters) is available for periodic payments between 2 Glebe Income Accounts. This reference will appear on your GIA statement.

I/We acknowledge and agree that:

Although Glebe will endeavour to effect such periodical payments, it does not undertake to do so. Glebe shall not incur any liability whatsoever whether in negligence or otherwise to me/us and/or to any other person through any refusal or omission to make all or any of the payments or by reason of late payment or by any other omission or error whatsoever.

Glebe may in its absolute discretion determine the order of priority of payment by it of any moneys pursuant to this authority or any authority or mandate.

This authority will remain effective for the protection of Glebe in respect of the payments made in good faith notwithstanding my death or bankruptcy or the revocation of this authority by any other means until notice of my death or bankruptcy or of such revocation is received by Glebe.

– PLEASE REFER TO PERIODIC PAYMENT REQUEST SERVICE AGREEMENT ON OTHER SIDE OF THIS FORM –

SIGNATURE(S)

Must be signed in accordance with the method of account operation authorisation and the account signature authority held by Glebe.

Date / /

STAFF USE

Authority examined and accepted

Loaded to system by

Checked by

Signature verified by

Authority Number

Date / /

Date / /

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PERIODICAL PAYMENT SERVICE AGREEMENT



INITIAL TERMS OF THE AGREEMENT

This document outlines our service commitment to you in respect of the Direct Debit Request arrangements made between the Glebe Administration Board (GAB) and you. It sets out our commitment to you, your responsibility to us, your rights and where you should go for assistance.

OUR COMMITMENT TO YOU

In terms of the Request arrangements made between us and signed by you, we undertake to periodically debit your Glebe Income At-Call account for the agreed amount of your commitment.

The first payment under this Periodic Payment arrangement will occur on the first nominated date of your payment, following receipt of your request.

If the date of the payment is not a business day then the drawing will be made on the next business day.

If the drawing is not processed due to insufficient funds, any administration costs associated with a non processed payment, may be passed on to you.

GAB will provide you at least 14 days notice in writing if the terms of the initial agreement are to change.

YOUR RESPONSIBILITY TO US

Please ensure that:

- (a) Your nominated bank account or credit card account can accept Direct Credit;
- (b) Sufficient cleared funds are available in the nominated bank account on the day to be drawn on;
- (c) You check transactions on your account statement regularly and timely.

YOUR RIGHTS

All of the information you supply will be treated as confidential except that information provided to our Financial Institution to initiate the drawing from your nominated account.

FOR FURTHER ASSISTANCE

You may ask to:

1. Defer the drawing
2. Alter the schedule
3. Suspend or cancel the payment
4. Dispute any payment

Please contact us on (02) 9284 1448 or 1800 636 134 (Free call) for further assistance or by mail to:

Glebe Income Accounts, Reply Paid Q190, QVB Post Office NSW 1230 stating:

- your account number;
- details of the action you wish to take;
- details of any bank account changes;
- if deferring a payment, the exact duration; and
- the signature of all parties on the facility.

GLEBE ADMINISTRATION BOARD (ABN 16 008 382 090)

Level 2, St. Andrew's House, Sydney Square, Sydney NSW 2000

PO Box Q190, QVB Post Office NSW 1230

Telephone: (02) 9284 1448 or 1800 636134 Freecall

Facsimile: (02) 9266 0662

E-mail: gia@glebegroup.com.au