

# Pershing Direct Debit/Credit Authority Form



Your Euroz Account Name:

Your Euroz Account Number:

## DIRECT DEBIT/CREDIT AUTHORITY

For Direct Debits all bank account holders must sign this section.

**1. Default/Nominated Bank Account** The Applicant authorises Pershing to directly credit/debit\* the Nominated Bank Account.

\*Please tick applicable box: Both  Credit  Debit

Financial Institution Name

Account Name  BSB  Account Number

**Important:** Please ensure that you provide the correct banking details. Please note any changes to banking details must be notified immediately to Pershing. If you fail to (a) provide correct banking details or (b) immediately notify Pershing of changes to banking details, we may not be able to provide you with the services that you require and accept no responsibility or liability for any resulting loss, liability, cost or expense.

**2. Income Direction (for Sponsored accounts only)**

\*Please tick if applicable:

I/We will be CHESS Sponsored by Euroz and I/we authorise CHESS, Euroz and Pershing to severally advise the relevant Issuer or its nominee to pay by direct credit to the Nominated Bank Account(s) (as specified above) all cash dividends, distributions, interest or income payable referable to my/our HIN.

By ticking this box, whenever you purchase financial products which are CHESS sponsored by Euroz, Pershing will pass your banking details via CHESS to the issuer's share registry. This instruction will override all previous instructions you may have given Pershing or the relevant issuer. This instruction only applies to holdings sponsored by Euroz in CHESS. For other holdings, contact the Issuer directly. All cash dividends paid for Financial Products held under your HIN will be directed into the Nominated Bank Account specified above. Note that by providing this instruction, it may override your participation in any existing Dividend Reinvestment Plans (DRP) or Bonus Share Plans. There are also no guarantees that all share registries will accept these instructions from Pershing.

## CLIENTS TO COMPLETE

Individual / Director (1): Full name  Signature  Date

Individual / Director (2) / Secretary: Full name  Signature  Date

Individual / Director (3) / Full name  Signature  Date

If client is a Company, please indicate which office held:  Sole Director / Sole Secretary  
 Two or more directors - (two or more directors must sign)

## DECLARATION

If you have elected to authorise Pershing to direct debit your Nominated Bank Account and by signing this Direct Debit/Credit Authority Form, you agree to be bound by the Direct Debit Terms and Conditions and the Direct Debit Request Service Agreement (New Account Booklet 1, last pages).