

Form of Request for Debiting Amounts to Accounts by the Direct Debit System (Form PD-C)

(Name of Financial Institution at which account is held) Branch name
 The Manager **ANZ.** **BULLCREEK.**
 Branch Address **C/- BULLCREEK SHOPPING CENTRAL**
BULLCREEK State **WA** Postcode **6149**
 Surname
 Dear Sir, I/We **CROFTS.**
 Given names
DARREN JOHN + JOOIA LOUISE.

request you until further notice in writing to debit my/our Account named

D.J. + J.L. CROFTS.

described in the Schedule below, any amounts which **Tyndall Life Insurance Company Limited** (the 'user') (user ID No. 559) may debit or charge me/us through the Direct Debit System. I/We understand and acknowledge that the Financial Institution may in its absolute discretion determine the order of priority of payment by it of any moneys pursuant to this Request or any authority or mandate. Also the Financial Institution may in its absolute discretion at any time by notice in writing to me/us terminate this Request as to future debits. As well the User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

N.B. Direct debiting operates on cheque accounts and certain savings accounts not operating on a passbook system. If in doubt please refer to your financial institution.

Bank **016-268** BSB No. **504872849** Account No.
 Building Society **6** BSB No. Account No.
 Credit Union **8 0** BSB No. Account No.

Policyowner(s)
Signature

X @ J Crofts

Day **24** Month **05** Year **99**

Policyowner(s)
Address

14 IMPSON GONS

SOUTH LAKE

State **WA**

Postcode **6164**

REQUEST TO TYNDALL

Frequency that the premiums will be deducted:

Please Tick ☒ Monthly ☐ Half Yearly ☐ Annually

Policy Number(s):

0005705073

Policyowner(s)
Signature(s)

@ J Crofts.

Date

Day **24** Month **05** Year **99**

Tyndall

Tyndall Life Insurance
Company Limited
ACN 001 698 228
G.P.O. Box 4252
Sydney NSW 2001