



Complete all appropriate sections and fax to the V2 PLUS Service Centre on:

Fax: 1800 671 800

All requests must be signed by the customer(s)
Unsigned requests will not be processed and will be returned to you.

Date (DD/MM/YYYY)

Authorised contact name

Contact number

Intermediary number

1. DEBIT THE FOLLOWING ACCOUNT

BSB

Account number

Amount

\$

Account name

Lodgement number

2. CREDIT THE FOLLOWING ACCOUNT

BSB

Account number

Account name

3. SIGNATURE(S)

Customer's full name

Customer's signature

Date (DD/MM/YYYY)

Customer's full name

Customer's signature

Date (DD/MM/YYYY)

Customer's full name

Customer's signature

Date (DD/MM/YYYY)

Important information

This facsimile/document contains information that is confidential and which may be legally privileged. If you are not the intended recipient, you must not read, use, distribute or copy this facsimile/document. If you are not the intended recipient, please notify us immediately on 13 28 33 and return the original facsimile/document to us by mail at our expense. Thank you