



Please complete this form if you wish to have contributions deducted directly from your bank account.

Please mail this form to: AMIST Super, Locked Bag 5390, Parramatta NSW 2124 | AMIST Super Hotline: 1800 808 614

Member details

Start Here

Membership Number

Deductions to commence (dd/mm/yyyy)

Must be at least 10 working days from today's date. **Note:** Deductions are always made on the 20th of the month.

Mr/Mrs/Ms/Miss

Surname

Given Names

Street Number / PO Box

Street Name

Suburb

State

Postcode

Mobile

Email

Details of the account to be debited

Name of Financial Institution

Address of Financial Institution

Street Number / PO Box

Street Name

Suburb

State

Postcode

Name of account to be debited

BSB Number

Account number

Amount to be deducted

\$

Privacy and Authorisation

I/We,

given names / surname

authorise AMIST Super to arrange for funds to be debited from my/our account at the financial institution identified. This authorisation is to remain in force in accordance with the terms described in the Service Agreement.

Signature



Date (dd/mm/yyyy)

CO-SIGNATURE (all signatures may be required for joint accounts)



Date (dd/mm/yyyy)