

LOAN NUMBER: _____

CLIENT NAME: _____

**Request and Authority to debit the account named below to pay IQumulate
Funding Services Pty Ltd (ACN 632 439 902)**

Borrower Details Surname or Company Name _____
Given Names or ABN/ARBN _____ (“you’)

Bank Account Details Financial Institution Name _____

Branch _____
Account Name(s) _____
BSB _____
Account Number _____

By completing the bank account details above, the account holder requests and authorises IQumulate Funding Services Pty Ltd (User ID 536512), until further notice in writing, to debit the bank account nominated above, any amounts which IQumulate Funding Services Pty Ltd (User ID 536512) may debit or charge the Borrower, in accordance with clause 14 of the Premium Funding Conditions. The Borrower warrants that, if the bank account details are those of a third party, the Borrower is authorised by the third party to provide their details for this purpose.

Please Sign Here Signature(s) _____
Date ____ / ____ / ____

Phone _____

**Please complete and fax to 1300 555 158
Or email to ddr@iqumulate.com**