



# ACCOUNT LINKING FORM

Please complete form in BLACK INK using CAPITAL letters.

1. Account Number

2. Account Name

3. Action to be taken      New Direct Debit. Go to section 4.      New Direct Credit. Go to section 5.      Cancellation. Go to section 6.

## 4. Details of Account to be Debited

Please tick one of the two options below.

I/We request and authorise Australian Moneymarket Pty Ltd ABN 56 126 032 755 (AMM) and DDH Graham Limited (DDH) ABN 28 010 639 219 (User ID Number 458430) to arrange for any instructed amount to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below for credit of my Select CMA, subject to the Terms and Conditions listed on this form and the Terms and Conditions for this product.

I/We request and authorise AMM and DDH to draw the following initial investment amount from my/our account as nominated below. Furthermore, I/we authorise AMM and DDH to draw any subsequent amount as requested through my/our login with www.moneymarket.com.au or as otherwise instructed.

	Account 1	Account 2
Financial Institution Name	<input type="text"/>	<input type="text"/>
Account Name	<input type="text"/>	<input type="text"/>
BSB	<input type="text"/>	<input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>
Initial Amount (\$)	<input type="text"/>	<input type="text"/>

Please note: You will need to attach a bank statement in the same name (no older than 6 months) to support this request. If you wish to link two accounts, please insert Account Two details. If you wish to link more than two accounts, you will need to complete a separate form.

## 5. Linked Bank Accounts - Direct Credits

I/We request and authorise AMM and DDH to arrange for any instructed amount to be debited from my/our Select CMA detailed in Section 1 to the account/s detailed in Section 4.

## 6. Cancel Existing Linked Account

	Account 1	Account 2
Financial Institution Name	<input type="text"/>	<input type="text"/>
Account Name	<input type="text"/>	<input type="text"/>
BSB	<input type="text"/>	<input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>

## 7. Acknowledgement and Signatures

By signing this form, I/we acknowledge that I/we have read and understood the Terms and Conditions set out in the Select CMA Terms and Conditions, including the Direct Debit Service Agreement governing the Direct Debit arrangements between me/us, AMM and DDH and I/we understand that you accept this authority only upon these conditions.

### 1st Individual Applicant or Director / Company Secretary

Signature	<input type="text"/>	Title (if Company)	<input type="text"/>
Name	<input type="text"/>	Date	<input type="text"/>

### 2nd Individual Applicant or Director / Company Secretary

Signature	<input type="text"/>	Title (if Company)	<input type="text"/>
Name	<input type="text"/>	Date	<input type="text"/>

### 3rd Individual Applicant or Director / Company Secretary

Signature	<input type="text"/>	Title (if Company)	<input type="text"/>
Name	<input type="text"/>	Date	<input type="text"/>

### 4th Individual Applicant or Director / Company Secretary

Signature	<input type="text"/>	Title (if Company)	<input type="text"/>
Name	<input type="text"/>	Date	<input type="text"/>