

MCCA Property Fund

Authorisation to deduct



Investor name: _____ MCCA Investor number: _____

Payment details Once off direct debit for the Amount \$ _____ Date DD/MMM/YYYY
 Maximum amount \$50,000

Name of the financial institute: _____ Branch: _____

BSB: _____ Account No. _____

Address: _____

Name of all bank account-holders: _____

This section is required only if nominated bank account is not your own account - Contact details for bank account to be debited

Contact name: _____ Correspondence address: _____

Contact number: _____ Email Address: _____

Signature of bank account holder X _____

Signature of bank account holder X _____

Name (Please print) _____

Name (Please print) _____

Date DD/MMM/YYYY

Date DD/MMM/YYYY

I/We hereby authorise and request for you to debit funds from the bank account nominated above to the following account
MCCA Property Fund Application Account

This authority covers MCCA Asset Management Limited. ABN 18 113 728 706 and related companies with which I/we have an agreement. I/we acknowledge that:

1. The financial institution may in its absolute discretion determine the order of priority of the payment by it of monies pursuant to this request or any other mandate or authority;
2. 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;
3. You may, by prior arrangement and or/advice to me/us, vary the amount of the frequency of future debits;
4. Where a Payment is due on a day which is not a business day, MCCA may process the payment on the next business day; and
5. I/we understand the above authority represents my/our authority and instruction to my/our financial institution.

Changes to your nominated bank account

6. All Investors must sign this authority to debit the nominated bank account. Any future requests to change the nominated bank account must be signed by all Investors as disclosed on the Application form. Company accounts must be signed by a minimum of two (2) company directors unless the company is sole directorship.

Signature(s) X _____

Signature(s) X _____

Name (Please print) _____

Name (Please print) _____

Date DD/MMM/YYYY

Date DD/MMM/YYYY

Return completed, signed form to:

Please return this form by facsimile to (03) 9386 4344.
 Or Post to MCCA, PO Box 73, Coburg VIC 3058
 Or Email to info@mcca.com.au

Office Use Only

Signature Confirmed: X _____

Processed by: _____

Date: _____ / _____ / _____