CHANGE TO EXISTING DETAILS

uca funds
UCA FUNDS MANAGEMENT

Cash Management Fund — Direct Debit

Request and Authority to debit the account named below to pay
UCA Cash Management Fund Ltd

Request and Authority to debit

Surname or company name _____

Given names or ABN _____("you")

request and authorise UCA Cash Management Fund Limited (user 128251) to debit the amount specified below from my/our account through the Bulk Electronic Clearing System (BECS) as nominated below.
I/We acknowledge that this Direct Debit arrangement is governed by the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below]

Insert details of account to be debited

(leave blank if no change to existing details)

Account Name _____

BSB Number ___ ___ ___ - ___ ___ ___ (Must be six digits)

Account Number ___ ___ ___ ___ ___ ___ ___ ___ ___

Frequency of Debits
(leave blank if no change to existing details)

The first debit may be made on ___ / ___ / ___ and at
weekly/ fortnightly/ monthly/ quarterly/ half yearly/ yearly intervals after that

The amount to be debited is:
$ ___ ___ ___ ___ - ___ ___ _____
(amount in words)

Cash Management Fund Account to Credit

Account No. _____

Account Name _____
(If you have any questions regarding this, please call Funds Management on (03) 9251 5450)

Insert your account signatures

Signature/s _____

Signature/s _____

Date _____ /_____ /_____ **Phone No.** _____

Form is to be returned to

UCA Funds Management
130 Little Collins Street
MELBOURNE VIC 3000

Fax No. 9650 7074
Email info@ucafunds.com.au

Office Use Only	Date	Acc No.	Amount	Freq	Entered	Letter Sent	Verified