CHANGE TO EXISTING DETAILS

DD No. ____

uca funds
UCA FUNDS MANAGEMENT

Direct Offering — 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 ___ - ___ (N/A If UCA Funds Mgt account)

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

End Date of / / inclusive (if applicable)

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

Congregation/parish/cluster to be credited _____

(If you have any questions regarding this, please call Funds Management on (03) 9251 5460)

Insert your signature and address

Signature/s _____ **Date** _____ /_____ /_____

Address _____

_____ **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