



Retirement Benefits Fund Board

GPO Box 446, Hobart TAS 7001

Telephone: 1800 622 631 or 03 6233 3672

Facsimile: 03 6233 3357

Direct Debit Variation Form

To be completed by members who wish to **cease or vary** payments made through the Direct Debit system.

Member's Details

Full Name:

Postal Address:

Suburb State Postcode

Phone Numbers:
(Home) (Work)

Email Address:

Member Number: Date of Birth:/...../.....

Direct Debit Details:

Account Name

Bank/State/Branch No (BSB)

Account number

Current Amount Deducted

New Amount to be Deducted.....

Frequency Eg: Fortnightly/Monthly etc

Date of variation or cessation.....

Member's Signature: **Date:**

Joint Account Holder signature..... Date.....