

# MAP AUSTRALIAN EQUITY FUND PERIODICAL PAYMENT FORM

Please complete this form using BLACK INK and print within the boxes in CAPITAL LETTERS.

<b>DEBIT</b>	Account Name (customer) <input type="text"/>
<b>AMOUNT</b>	Account Number <input type="text"/> Figures \$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> Words <input type="text"/>
<b>CYCLE</b>	Due on (day or date) <input type="text"/> on each (week, month, etc) <input type="text"/> First Payment Due Date      Final Payment Due Date <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
<b>PAY</b>	MAP Australian Equity Fund JP Morgan Chase Bank, N.A Account Number: 10380473 BSB: 212 200
<b>QUOTE*</b>	Membership Number <input type="text"/> Type of Transaction <input type="text"/>

\* Please quote Membership Number and Member's Name when remitting.

## 1. MEMBER'S ADDRESS

Unit number	<input type="text"/>	Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>			State	<input type="text"/>
				Postcode	<input type="text"/>

## 2. THE MANAGER (MEMBER'S BANK AND BRANCH)

Bank

Branch

You are hereby authorised and requested to periodically effect the payment specified in the above schedule.

I understand that the Bank accepts this order only upon the following conditions, namely:

1. Although the Bank will endeavour to effect such periodical payments it accepts no responsibility to make the same, and, accordingly, the Bank shall not incur any liability through any refusal or omission to make all or any payments or by reason of late payment or by any omission to follow any such instructions.
2. The Bank may at its pleasure terminate this order as to future payments at any time by notice in writing to me, or without notice at any time after being advised by the abovenamed payee that no further payment is required.
3. The Bank may in its absolute discretion conclusively determine the order of priority of payment by it of any moneys pursuant to this or any other order or cheque which I have heretofore or may hereafter give to the Bank or draw on my account.
4. This order is subject to any arrangement now subsisting or which may hereafter subsist between myself and the Bank in relation to my account or any banking accommodation afforded to me.
5. This order will remain effective for the protection of the Bank in respect of payments made in good faith notwithstanding my death or bankruptcy or the revocation of this order by any other means until notice of my death or bankruptcy or of such revocation is received by the Bank.

## 3. SIGNATURE(S) OR MEMBER(S)

Signature 1

Date  
  /   /

Name 1 (please print)

Signature 2

Date  
  /   /

Name 2 (please print)

### Contact Us

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