

+ Direct debit request

V2 4/12/2024

Complete this form to change the direct debit account for your COVID-19 Jobs Support Loan.

Section 1 - Borrower's details *(please complete all details)*

QRIDA loan account number

Borrower name

Date of birth

(for non Company or Trust borrowers)

Borrower ABN

Contact person

Landline

Mobile

Email

Section 2 - Direct debit request

Request and Authority to debit the account named below to pay Queensland Rural and Industry Development Authority

Request and Authority to debit

Your surname or company name

Your given names or ABN/ARBN

AS TRUSTEE FOR

“you”

request and authorise Queensland Rural and Industry Development Authority (QRIDA) and User ID 073096 to arrange, through its own financial institution, a debit to your nominated account any amount QRIDA, has deemed payable by you.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name

Address

Insert details of account to be debited

Please attach a copy of your corresponding bank statement for verification purposes. This should be an official statement only that includes your BSB, account number and account name. Financial transactions may be redacted.

Name/s on account

BSB (must be 6 digits)

Account number

PLEASE MAKE SURE THESE DETAILS ARE CORRECT

Acknowledgment

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and QRIDA as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your signature and address

Signature

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address

Date



Section 2 - Direct debit request (continued)

Second account signatory (if required)

Signature
(If signing for a company, sign and print full name and capacity for signing eg. director)

Address

Date

Submitting this form

Please submit this completed request form to QRIDA by emailing it to jobsupportloan@qrida.qld.gov.au

Enquiries

If you require assistance with completing this form please contact QRIDA on **1800 623 946**.

Your privacy

QRIDA recognises that your privacy is important and is committed to protecting the personal information we collect from you. For more information about how we collect, use, disclose and otherwise manage personal information about you, please see QRIDA's privacy policy on its website at qrida.qld.gov.au/privacy. QRIDA also complies with the *Human Rights Act 2019* (Qld) when making any decision, including with respect to collection, use and disclosure of personal information.