



**YOUR  
REDUNDANCY  
SAFETY NET**

# EMPLOYER DIRECT DEBIT REQUEST FOR ONLINE REDUNDANCY

Employers should not complete this form if they intend to pay monthly contributions by EFT, Cheque or Bpay  
When completing this form, please use **black** pen and write in CAPITAL letters, please complete all sections.

## Employer details

Employer Number

Email Address

Month deductions to commence (mm/yyyy)

Employer Name

Contact Name

### Business Address

Street Number / PO Box

Street Name

Suburb

State

Postcode

## Details of the account to be debited

Name of financial institution

### Address of financial institution

Street Number / PO Box

Street Name

Suburb

State

Postcode

Name of account to be debited

BSB Number

Account Number

## Business / Company details

I/We,

Given names / Surname

Company Name

Australian Business Number (ABN)

authorise ACIRT Pty Ltd ABN 39 062 330 170 as Trustee for ACIRT (USER ID No. 228444) to arrange for funds to be debited from my/our account at the financial institution identified above and prescribed through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms described in the Service Agreement on our website [www.acirt.com.au](http://www.acirt.com.au)

Your Signature

Co-Signature (all signatures may be required for joint accounts)

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)



**Once completed, please return to:**  
**ACIRT Administration eBusiness Support Team**  
Locked Bag 5040, Parramatta NSW 2124  
**Freecall** 1800 060 467 **Fax** 1300 655 119  
**Email** [acirtadmin@as.com.au](mailto:acirtadmin@as.com.au)