

Online Super – Direct debit form

PLEASE COMPLETE AND SIGN THIS FORM AND RETURN TO:
BUSS(Q) GPO Box 2775, Brisbane Qld 4001

1. EMPLOYER DETAILS

Employer number

Date deductions to commence

Employer name

Street number / PO Box

Street name

Suburb / Town / City

State

Postcode

Contact Name

Mr/Mrs/Ms/Miss

Surname

Given names

Telephone

Mobile

Email

2. DETAILS OF THE ACCOUNT TO BE DEBITED

Name of financial institution

Street number / PO Box

Street name

Suburb / Town / City

State

Postcode

Name of account to be debited

BSB number

Account number



154.2 0806 03 1

