[redacted] Request to restrict Informal Overdraft Facility (DIBS) Form

Branch Instructions:

- Only complete DIBS request for consumer DDA Accounts
- One form is required to be completed for each account
- Ensure that the form is signed by customer in accordance with the Account signing authority
- Advise customer that request will take 1-2 Business days to process
- Complete form and fax

TO: Account Management [redacted] Confidential

Customer 1 name (please print)

.....

Account Number

Customer 2 name (please print)

.....

OVERRIDE INSTRUCTIONS

☐ **Option 1)** Electronic Transactions (ATM, Internet and Point of Sale) and Phone Banking

I/we understand that ANZ will endeavour to prevent my/our account from becoming overdrawn by declining electronically authorised purchases and cash withdrawals at the point of sale if there are insufficient funds available for the transaction.

- a direct debit, recurring transaction, periodical payment or cheque transaction;
- a transaction for which a merchant does not confirm sufficient available funds;
- a transaction which occurs when a banking system is unavailable;
- fees and charges.

☐ **Option 2)** Electronic Transactions (ATM, Internet and point of Sale), Phone Banking, Direct Debits, Periodical Payments and Cheques

I/we understand that ANZ will endeavour to prevent my/our account from being overdrawn by declining electronically authorised purchases and cash withdrawals at the point of sale, phone banking, direct debits, periodical payments and cheques if there are insufficient funds available for the transaction.

- a transaction for which a merchant does not confirm sufficient available funds;
- a transaction which occurs when a banking system is unavailable;
- fees and charges.

I/we acknowledge that if my/our account becomes overdrawn for any of the above reasons, ANZ may, subject to satisfaction of certain criteria, provide me/us with an Informal Overdraft facility in accordance with the ANZ Savings & Transaction Products Terms and Conditions and I/we may be charged interest and an Overdrawn Fee.

I understand that I/we are required to monitor my/our account balance to ensure I/we have sufficient available funds for a transaction.

Customer 1 Signature (please sign)

.....

Date

Customer 2 Signature (please sign)

.....

Date

Important

This facsimile contains information that is confidential and which may be legally privileged. If you are not the intended recipient, you must not read, use, distribute or copy this facsimile. If you are not the intended recipient, please notify us immediately by phone (reverse charges) and return the original facsimile to us by mail at our expense. Thank you.

FACSIMILE MESSAGE