

DIRECT CREDIT AUTHORITY form

Current Account Details

Client Account Number:

Personal Details

Account Holder 1 Mr Mrs Miss Ms Dr Given Name(s) _____

Surname _____

Account Holder 2 Mr Mrs Miss Ms Dr Given Name(s) _____

Surname _____

Company Account (for companies only)

Company Name _____ ABN _____

Account Designation

If you or your company operate the account on behalf of a superannuation fund, family trust, or person under the age of 18, record those details here

< _____ Account >

Direct Credit Authority

I/We authorise and request CMC Markets Stockbroking to arrange for funds to be credited from my/our trading account or Cash Account to the Financial Institution identified below. Further, I/we authorise and direct:

1. CMC Markets Stockbroking to verify the details of the Account below with the relevant Financial Institution; and
2. The Financial Institution to release information to CMC Markets Stockbroking for the purpose of verifying the Account details.

This authorisation is to remain in force until the Account Holder(s) expressly revokes it in writing and the revocation is received by CMC Markets Stockbroking.

Account Name _____
This account should be in the same name as your trading account.

Name of Financial Institution or Bank _____

Branch Name _____

Bank State Branch (BSB) Number - Account Number

Client Agreement (required)

Date: ____ / ____ / 20____ **Account Holder 1** **Account Holder 2**

Client Signature(s) _____

Name(s) (printed) _____

Title (if company) _____
e.g. director, officer, secretary

Please email your completed and signed form to stockbroking.forms@cmcmarkets.com