

Managed Funds Regular Withdrawal Form

nt Nam	e:												
nt Numl	ber:												
My account to be credited (acceptor)													
my banl	<												
Bank			anch		Account	ccount			Suffix				
minimur	n \$20)												
Frequency			□ Weekly □ Fortnightly					☐ Monthly ☐ One-Off					
Start date													
Authorised Signature/s:										Date:			
l Notes:													
	nt to be) my banl c minimur y	my bank minimum \$20) y d Signature/s:	nt Number: nt to be credited) my bank k Br minimum \$20) y d Signature/s:	nt Number: nt to be credited) my bank (Branch minimum \$20) y d Signature/s:	nt Number: nt to be credited) my bank Branch minimum \$20) y Grant Signature/s:	nt to be credited) my bank Branch minimum \$20) U Weekly Fortnightly d Signature/s:	nt to be credited) my bank Branch minimum \$20) y Branch Fortnightly d Signature/s:	nt Number: Int to be credited Int to be cred	nt to be credited) my bank (Branch Account minimum \$20) y	nt to be credited) my bank Branch Minimum \$20) Weekly Fortnightly One	nt to be credited) my bank Branch Account minimum \$20) y	nt to be credited) my bank Branch Weekly Fortnightly Date:	nt to be credited) my bank Branch Account S minimum \$20) y

Once Complete please email to support@Goalsgetter.co.nz with a proof of bank account document.