



Christmas Saver Automatic Payment

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Phone No. Daytime: () _____ Evening: () _____

Email Address: _____

Payment Plan

Please complete this form and return to your nominated store.

Examples are

| | (52 weeks) | (26 weeks) |
|---------------|----------------|----------------|
| Target \$300 | \$5.48 weekly | \$10.97 weekly |
| Target \$400 | \$7.31 weekly | \$14.62 weekly |
| Target \$500 | \$9.14 weekly | \$18.27 weekly |
| Target \$600 | \$10.96 weekly | \$21.93 weekly |
| Target \$800 | \$14.62 weekly | \$29.23 weekly |
| Target \$1000 | \$18.27 weekly | \$36.54 weekly |

Or choose your own target

Payment Options

I wish to make my payment details as follows:

Yearly Target of: \$ Payment Frequency: Weekly (Thursday) Other _____

Commencement Date of:

Write in date (Must be a Thursday)

Automatic Payment Information

Please complete and sign the automatic payment form for the FreshChoice Saver Plan. Payment cannot start until FreshChoice has this form. An initial set up fee is charged by the bank. Please allow 14 days prior to intended start date for administration purposes.

Confirmation of your chosen payment details will be made in writing.

Signature Date

Privacy: In order to provide you with information relating to the FreshChoice Saver Plan, we will retain your contact details on file. This will not be provided to third parties.