

FreshChoice Christmas Saver Plan

Direct Debit

Please complete this form and return to your local FreshChoice store.

Name: _____ Phone: _____

Address: _____

Email Address: _____

Payment Plan

Examples of payment plan options:

Target <i>After one full year</i>	Weekly <i>(52 payments)</i>	Fortnightly <i>(26 payment)</i>	Monthly <i>(12 payments)</i>
\$300	\$5.48	\$10.97	\$23.75
\$400	\$7.31	\$14.62	\$31.67
\$500	\$9.14	\$18.27	\$39.58
\$600	\$10.96	\$21.93	\$47.50
\$800	\$14.62	\$29.23	\$63.34
\$1000	\$18.27	\$36.54	\$79.17

Choose your payment plan:

Yearly Target: \$ _____ Payment Frequency: Weekly Fortnightly Monthly

Date Payments Commence: Thursday _____

Please note: The direct debit payment must occur on Thursdays at midnight. Please allow 14 days prior to intended start date for administration purposes.

Direct Debit

Please sign below for confirmation of your direct debit payment for the FreshChoice Christmas Saver Plan. Payment will not start until FreshChoice has received this form. Your bank may charge you an initial set up fee.

Signature: _____ Date: _____

Please note: Your contact details will be retained by FreshChoice to provide you with information relating to the FreshChoice Christmas Saver Plan. Your personal details will not be provided to third parties.

