## SH6006-01 - November 2019

## **Regular Contribution Authority**

## Forsyth Barr Cash Management



If you have any questions regarding this form, please contact your Investment Adviser on 0800 367 227.

	Account Name:	
	Account Number:	
	I wish to start regular contributions to Forsyth Barr Cash Management Nominees Limited on:	MONTH YEAR
	I wish to make regular contributions (as indicated below) via Direc	t Debit:
Frequency: Please tick one box only.	Frequency: Weekly Fortnightly M	onthly 4 weekly
	New regular contribution: \$	
	I have also completed and attached the Forsyth Barr Cash Management Direct Debit Form.	
	Name:	
	Signature:	Date: DAY MONTH YEAR