

DIRECT DEPOSIT FORM AUSTRALIAN BANK ACCOUNT



I authorise Rennick & Gaynor to deposit any monies due to me to be paid into the following account:-

YOUR DETAILS

Title : Mr [] Mrs [] Ms [] Miss [] Other []

First Name: _____

Last Name: _____

Mailing Address: _____

Suburb/Town: _____

Postcode: _____

Contact Phone Number: _____

Email Address: _____

Matter Number and Name: _____

ACCOUNT DETAILS

Bank Name: _____

BSB number: _____

Account Number: _____

Account Name: _____

Please note, Rennick & Gaynor will contact you to verify that the account details you have provided above are correct. Regardless of this, you assume full responsibility for the accuracy of this information and the potential for interference with it before it is received by us. Security of emails from internet fraud cannot be guaranteed. Rennick & Gaynor recommend that this form be returned in person or by post.

DISCLAIMER

I acknowledge that by selecting this method of remittance, I irrevocably release and discharge Rennick & Gaynor from any legal liability whatsoever that may be incurred as a result of incorrect information or incorrect banking details provided by me on this form noting:-

- a) Neither Rennick & Gaynor nor their providers of banking or internet services ("**the services**") are liable to me, or any other person in any claim or cause of action of any kind for any loss or damage suffered by me which is indirect or consequential, including by way of loss of revenue, loss of profits, loss of goodwill or credit, loss of use, loss of data, loss of interest, damage to credit rating, loss or denial of opportunity, increased overhead costs, or loss of anticipated savings which may arise in respect of my use of the services.
- b) I irrevocably release and indemnify Rennick & Gaynor fully against any liability, loss or damage suffered or incurred by me however arising and by whomsoever caused whether arising directly or indirectly from my use of the services.
- c) I acknowledge I must take care to provide the correct information about the intended recipient of the funds when using the services. I irrevocably acknowledge that it is not always possible to recover funds from the person who incorrectly receives them.

Sign here:

Date:

Print and return form to:
Rennick & Gaynor Solicitors
PO Box 196, Camberwell 3124 or
Fax (03) 9882 4120

Office Use Only:

Date & Time Verified:		
How Verified (in person or phone):		
Client Name:		
Staff Initials:		