



Christmas Saver New Application Form

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Phone#: Daytime: () _____ Evening: () _____

Email Address: _____

(Please fill in Email address if you have one)

Payment Plan

Please complete both sides of this form and return to your nominated store.

Savings plans you can choose from are:

	Commence 19 th Nov 2015 (52 weeks)	Commence 07 th Jan 2016 (45 weeks)	Commence 11 th Feb 2016 (40 weeks)
Target \$300	\$5.48 weekly	\$6.33 weekly	\$7.13 weekly
Target \$400	\$7.31 weekly	\$8.45 weekly	\$9.50 weekly
Target \$500	\$9.14 weekly	\$10.55 weekly	\$11.88 weekly
Target \$600	\$10.96 weekly	\$12.66 weekly	\$14.25 weekly
Target \$800	\$14.61 weekly	\$16.89 weekly	\$19.00 weekly
Target \$1000	\$18.27 weekly	\$21.11 weekly	\$23.75 weekly

Or choose your own target

Payment Options

I wish to make my payment details as follows:

Yearly Target of: \$

Payment Frequency: Weekly every Thursday

Commencement Date of: (Please tick the appropriate box)

19th Nov

07th Jan

11th Feb

Other

(Must Be a Thursday)

Direct Debit Information

Please complete and sign the direct debit form for the FreshChoice Saver Plan. Payment cannot start until FreshChoice has this form. An initial set up fee may be charged by your 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

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.