



Periodic Payment

Membership Number

Date: / /20

Account Name: _____

I/we authorise CCU to make the following periodic payment on my behalf:

Start Date: _____ Frequency: _____ Debit Account: _____

Amount: _____ Until: _____

Payment to:

Internal: Account No: _____ Acc Name: _____

External: BSB: _____ Account No: _____

Acc Name: _____ Ref: _____

Variation

Authority Number	Organisation	Details of Change

I understand that the Credit Union accepts this authority only upon the following conditions, namely:

1. The Credit Union reserves the right to levy a charge for this service.
2. Although the Credit Union will endeavour to effect such periodic payments, it accepts no responsibility to make the same, and accordingly the Credit Union shall not incur any liability through any refusal or omission to make all of any payments or by reason of late payment or by any omission to follow any such instructions.
3. This order is subject to any arrangement now subsisting or which may hereafter subsist between myself and the Credit Union in relation to my account.
4. The Credit Union may, in its absolute discretion, conclusively determine the order of priority of payment by it of any money pursuant to this or any other or withdrawal on my account which I have heretofore or may hereafter give to the Credit Union.
5. The Credit Union may at its pleasure terminate this order as to future payments at any time by notice in writing to me, or without notice at any time after being advised by the abovenamed payee that no further payment is required.
6. The order will remain effective for the protection of the Credit Union in respect of payments made in good faith notwithstanding my death or bankruptcy or the revocation of this order means until notice of my death or bankruptcy or of such revocation is received by the Credit Union.

Member Signature/s: _____

Office Use Only

Authority No: _____ MSO: _____ Initials & No: _____