

Customer Details

Customer number

Customer name in full

Customer number

Customer name in full

Payment Details

I/We authorise ECU to

- Make the specified payment
 Amend the following payment to:

Payee Details

Amount

<input type="text"/>	\$
----------------------	----

Cancel the following payment:

- Periodic Payment Direct Debit

Payee Details

Amount

<input type="text"/>	\$
----------------------	----

Complete relevant sections below

From

Amount

Frequency

- Weekly Fortnightly 4 Weekly Monthly

Other

Effective From

This authority will remain in force until specified by me in writing or until the below date

Pay to one of the following

- Transfer to another ECU Account

Member Number

Loan Number

Savings Number

Account Name

- Electronic Transfer to

Financial Institution Name

BSB

Account Number

In the name of

Reference

- BPAY to

Biller Code

Biller Name

Customer Reference Number

Authorisation

I/We request ECU to activate these payments as indicated.

This authority must be signed in accordance with the memberships signing authority (e.g. either to sign, two to sign etc.).

PLEASE NOTE: Payments scheduled on a non-standard business day will be paid on the next standard business day if sufficient cleared funds are available.

Signature

Date

Signature

Date

OFFICE USE

- Direct Debit cancellations faxed to Head Office Administration Department
 Direct debit Stop loaded in DES050
 Periodic Payment loaded
 Periodic Payment Altered/Cancelled

Authority Number

Operator Name

Operator Signature

Date