



PERIODIC PAYMENTS

NAME.....
Please print

MEMBERSHIP NO.....
SUB ACCOUNT NO.....

ie 010, 020, 070

I request and direct FIRST CHOICE CREDIT UNION LTD to arrange a periodical payment on my behalf according to details below:

Organisation / Person to be Credited:

BSB: Account No:

Reference / Serial No: Amount to be paid: \$.....

Frequency: Commencing date/...../..... Final Payment/...../.....
D,W,F,M,Q If known

I understand First Choice Credit Union Ltd accepts this order only upon the following conditions:

- 1 Although First Choice Credit Union will endeavour to make periodical payments, it accepts no responsibility to make it, and the credit union shall not incur any liability through any refusal or omission to make all or any of the payments or by reason of late payment or by any omission to follow any instructions.
- 2 Funds should always be available for periodical payments to be debited from the correct sub account. In the event of monies not being available from the sub account on the day the payment is due to be paid, the Credit Union has the discretion to either pay or not pay the periodical payment. If the Credit Union elects to make the payment on behalf of the member and there is insufficient funds in the sub account from which the account is to be debited, the Credit Union will apply a fee (refer to fees and charges schedule).
- 3 I authorise the credit union to vary the amount to be paid when authorised in writing by my creditor.
- 4 This authority may only be altered or cancelled upon receipt of written instructions by the member to the First Choice Credit Union Ltd or at the instigation of First Choice Credit Union Ltd.
- 5 Any payment that is rejected five times will automatically be cancelled without notification and will not be recommenced.

Dated...../...../.....

Signed.....

Office Use Only

Date Received...../...../.....

Periodic Payment No.....

Entered by.....



PERIODICAL PAYMENT CANCELLATION

Please cancel my Periodical Payment immediately. The details are as follows:

Member Name		
Member No.		
Date to be cancelled		
Payee		
Address of Payee		
Authority No.	Office Use	
Adjust Payroll	Yes/No	Which Payroll
Signature/s		

Date Loaded By



PERIODICAL PAYMENT ALTERATION

Please adjust my Periodical Payment immediately. The details are as follows:

Member Name		
Member No.		
Date to be altered		
Postpone	From..... To.....	
New Reference No.		
Frequency		
Address of Payee		
Authority No.	Office Use	
Adjust Payroll	Yes/No	Which Payroll
Signature/s		

Date Loaded By.....