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**Electronic Direct Credit/Autopay – Recurring Payment****Primary Member**

Surname

Given name/s

**Joint Member**

Surname

Given name/s

I/We hereby authorise Community First Credit Union Limited to debit the following account according to the instructions given below:

Account to be debited

Amount \$

Frequency

Weekly

Four-weekly

Bi-monthly

Half-yearly

Fortnightly

Monthly

Quarterly

Annually

First payment date

Final payment date

Account number

Account type

(Complete the section below if crediting an account at another financial institution)

Financial Institution

BSB number

Account number

Account name

Reference

(Maximum of 18 characters in length)

I/We agree that any recall of these funds will be subject to a time delay, and a fee of up to \$50 may be incurred by Community First Credit Union Limited which I/we agree to be debited to the above membership.

I/We understand that the approval of a recall is subject to the time elapsed since the lodgement and may not be possible.

I/We agree to indemnify Community First Credit Union Limited against all claims for lost or delayed transmissions.

I/We to abide by the terms and conditions as set out in the Product Disclosure Statement (PDS) now supplied to me/us, and any amendments thereto subsequently notified. I/We have read, received and understood the PDS for this service.

Member's signature

Date

Member's signature

Date

Store use only

- Bulk payee code @ \_\_\_\_\_ to be used for electronic remittances; OR
- \* \_\_\_\_\_ OR name of payee for manual payments i.e. where BSB etc not known
- Authority number \_\_\_\_\_ loaded

