



Firefighters Credit Union

dedicated & committed to the financial needs of firefighters

Authority for Periodical Payments

Firefighters & Affiliates Credit Co-operative Limited
408 Brunswick Street
Fitzroy 3065

Re: Account Name.....Account Number:.....S....

Commencing on....., please debit my/our account on theday of each.....
until *...../ *further notice with the sum of \$.....
.....(amount in words) plus charges for this service in force from time to time and:

(a) Pay the amount less such charges to:
Payee
Postal Address
Quote Reference

Or

(b) Credit the account as listed below less such charges through the Direct Credit System:
Bank Name
Bank Address
Bank/State/Branch Number
Account Number
Account Name
Quote Reference

(c) Transfer to Firefighters Credit Union account number
Firefighters Credit Union Account name

I/We understand that Firefighters & Affiliates Credit Co-operative Limited (“the Credit Union”) accepts this order only upon the following conditions, namely:-

1. Although the Credit Union will endeavor to effect such periodical 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 or any of the payments or by reason of late payment or by any omission to follow my instructions.
2. This order is subject to any arrangement now subsisting or which may hereafter subsist between the Credit Union in relation to my/our account and any credit accommodation afforded to me/us.
3. The Credit Union may in its absolute discretion conclusively determine the order of priority of any moneys pursuant to this or any other order, which I have heretofore or may hereafter give to the Credit Union to draw on my account.
4. The Credit Union may at its pleasure terminate this order as to future payments at any time by notice in writing to me/us, or without notice at any time after being informed by the above payee that no further payments are required.
5. This order will remain effective for the protection of the Credit Union in respect of payments made in good faith not withstanding my/our death or bankruptcy or the revocation of this order by any other means until notice of my/our death or bankruptcy or of such revocation is received by the Credit Union.

.....
Member 1 Signature/.../20...

.....
Member 2 Signature/.../20...

For Office Use Only			
Date Received	Received by:	Date Loaded	P/P Auth No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>