



AUTHORITY FOR PERIODICAL PAYMENT(S)

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____ S _____ eg. S1, S8, S59

Please send the sum of \$ _____ Commencing Date: _____

Please send Weekly Fortnightly Monthly Four Weekly
 Bi-Monthly Quarterly Half-Yearly Yearly

OR Please send on the _____ day of each month

(a) Issue cheque for the amount less charges to:

Payee: _____

Postal Address: _____

Quote Reference: _____

(b) Credit the below listed account through the Direct Credit System:

Account Name: _____

Account Number:

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BSB:

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Financial Institution: _____ Branch: _____

Quote Reference: _____

(c) Credit the following Bpay account: _____

Bpay Biller Code: _____ Reference Number: _____

(d) Transfer to Firefighters Credit Co-operative Account: _____

Firefighters Credit Co-operative Account Name: _____

I/We understand that the Firefighters and Affiliates Credit Co-operative ("the Credit Union") accepts this order only upon the following condition, 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 the 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 at 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 notwithstanding 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.

SIGNATURE(S): _____
MEMBER 1 SIGNATURE MEMBER 2 SIGNATURE

DATE: _____

OFFICE USE ONLY

Date Loaded: _____ Loaded By: _____ PP Authority No: _____