

Auto-transfer Authority

Membership Number

Member Name(s)

Member Address

Daytime contact number

Email address

New Authority **Alteration to Existing Authority** **Delete Authority**

I hereby authorise withdrawal from the above savings account to make the auto-transfer detailed below, until this authority is revoked by me.

Name of Payee/Biller

Bank Reference No. (BSB) Account No

BPay Biller Code Customer reference Number

Amount of each payment \$ Date to commence

Account to be debited Date of Last Payment if known

Frequency of Payments:

Daily Weekly Fortnightly Monthly Quarterly Half yearly Yearly

I / we acknowledge that I / we have received and read the Account and Access Facility Conditions of Use.

Note:

1. Payments under this authority will not be made unless sufficient clear funds are available in your nominated savings account on the due date.
2. Date of payment to be stated in this authority is the date the payment is to be remitted by the Credit Union. Allow sufficient time for delays due to weekends, public holidays and postage.

Member 1 Signature Date

Member 2 Signature Date

This authority must be signed in accordance with the account signing authority – either to sign requires 1 signature, both to sign requires 2 signatures.

Office Use Only

Authority No. Date Loaded / deleted Operator No.

Confidentiality – We will treat all your personal data with strict confidentiality in accordance with our Privacy Policy.

For a copy of the policy please contact our Privacy Officer at privacy@intechcu.com.au

Intech Credit Union Limited ABN 70 087 650 191 AFSL 236779