

Periodical Payment Authority

Member(s) Name: _____

Member No: _____ Account Type: _____

New Authority Authority Number: _____

Variation to Existing Authority Authority Number: _____

Cancellation Authority Number: _____

Commencing from: ____/____/____ Until ____/____/____ (Leave blank if Until Further Notice)

Frequency of Payment

Once Off Payment Weekly Fortnightly Monthly Quarterly 4 Weekly Half Yearly Yearly

Please deduct: \$_____ and forward to:

Name of Payee: _____

Address of Payee: _____

Biller Code: _____ Reference: _____

Your Reference

BSB: _____ - _____ Account Number: _____

Name of Account: _____

If internal transfer within FCCS transfer to:

Member No: _____ Account Type: _____ Name of Account: _____

Declaration

I/We agree to be bound by the Terms and Conditions and Fees and Charges of this Periodical Payment Authority as detailed in the brochure Accounts and Access Facilities and Fees and Charges and Transaction Limits.

I/We acknowledge receipt of the documents as named below and agree to be bound by their conditions:

- Privacy Notice dated ____/____/____
- Accounts & Access Facilities dated: ____/____/____
- Fees & Charges & Transaction Limits dated: ____/____/____
- Interest Rates dated: ____/____/____

Members Signature: _____ Date: ____/____/____

Office Use Only: Processed by: Op Name: _____ Op No: _____ Date: ____/____/____

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