

Periodical Payment Authority

230 Clarence Street Sydney NSW 2000
PO Box A253 Sydney South NSW 1232
SGE Direct 1300 364 400
Fax (02) 9687 2397
www.sgecu.com.au



SGE Credit Union Ltd
ABN 72 087 650 637
AFSL 238311

Member number

Daytime contact number

Member name(s)

I / We authorise the Credit Union to make the following payment until this authority is revoked by me:

From account number

Amount

\$

Frequency

weekly

fortnightly

4 weekly

monthly

Effective from

Pay to one of the following:

Transfer to another account at SGE Credit Union:

Member number

Surname

Transfer to external account:

Financial institution name

BSB

Account number

In the name of

I/We understand that the Credit Union accepts this order upon the following conditions, namely:

Although the Credit Union will endeavour to effect such regular payment 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 payments or by any omission to follow instructions.

This order is subject to any arrangement now subsisting or which may hereafter subsist between myself/ourselves and the Credit Union in relation to my/our account or any credit facilities afforded to me/us.

The Credit Union may in its absolute discretion conclusively determine the order of priority of payment by it of any moneys pursuant to this or any other order or cheque which I/we have heretofore or may hereafter give to my/our account.

The Credit Union may at its pleasure terminate this order as to future payments at any time by notice in writing to me at the last known address or without notice after being advised by the abovenamed payee that no further payment is required.

This order will remain effective notwithstanding death, bankruptcy, liquidation of me/us or the revocation thereof by any means whatsoever until notice of such death, bankruptcy, liquidation or evocation is received by the Credit Union.

The Credit Union is under no obligation to debit the account on the days nominated above, and may, at its sole discretion debit at the account on any day after that nominated as the day for debiting the account.

The Credit Union may at its sole discretion debit any other account in my/our name to make all or any of the payments.

Member 1

Signature

Date

Member 2

Signature

Date

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

NOTE: Payroll deductions are the most convenient way of ensuring sufficient funds.

Credit Union Staff will complete this section

Authority number

Entered by

Date