



# AUTHORITY FOR AUTOMATIC PAYMENTS

For Transfers INTO United Credit Union

## PAYER DETAILS - for the bank

(Not to operate as an assignment or an agreement)

Name of Bank
Branch
Address
Name of Account

### IMPORTANT PLEASE TICK

- This is a new authority  
OR  
 As from \_\_\_\_\_ (first payment date) this authority replaces existing authorities for \$ \_\_\_\_\_ in favour of the same payee

## ACCOUNT DETAILS

Bank	Branch	Account	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

On Behalf of (If other than Payer)  
Name:

### Details to appear on my/our bank statement

Particulars	Code	Reference
<input type="text"/>	<input type="text"/>	<input type="text"/>

## FREQUENCY AND AMOUNT

First Payment Date	Last Payment Date	Until Further Notice
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tick box that applies:  Weekly  Fortnightly  Monthly  Four Weekly

Fixed Amount	Amount in Words
<input type="text"/>	<input type="text"/>

Complete if applicable (tick one box only)

Variable First Amount <input type="checkbox"/>	Amount in Words
Variable Last Amount <input type="checkbox"/> \$	
<input type="text"/>	<input type="text"/>

## PAYEE DETAILS

For payment by cheque tick box  and complete section on reverse (Leave this section blank)

Name of Account:

<b>UNITED CREDIT UNION</b>
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Account Details:

Bank	Branch	Account	Suffix
0 3	1 7 7 3	0	0 0

### Details to appear on Payee's bank statement

Particulars	Code	Reference
<input type="text"/>	<input type="text"/>	<input type="text"/>

## AUTHORISATION

Please Turn Over

- Please make this automatic payment as detailed by debiting my/our account
- I/We understand and accept that the Bank accepts this authority only on the conditions overleaf.

Name of Account - customer to complete (Business/Personal) delete one		
Customers Signature	Contact Phone Number	Date
Customers Signature	Contact Phone Number	Date

