

Periodical Payments



<input type="checkbox"/> New		<input type="checkbox"/> Alteration		<input type="checkbox"/> Cancel		Authority Number:					
Member Details				Member Number:							
Surname						Given Name(s)					
Have your address or contact details changed recently? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, please complete the Change of Details Form											
Periodical Payment Details											
Account Type to be debited											
Payment Amount											
Commencing On						Finishing On			Or until further notice <input type="checkbox"/>		
Payment Frequency											
<input type="checkbox"/> Weekly		<input type="checkbox"/> Fortnightly		<input type="checkbox"/> Four weeks		<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly			
<input type="checkbox"/> Half yearly		<input type="checkbox"/> Yearly		<input type="checkbox"/> Other (Please specify).....							
Payment Details											
<input type="checkbox"/> Internal transfer to another PCU account/membership											
PCU Member Number to be credited								Account Type			
Account Name											
<input type="checkbox"/> External Transfer to another Financial Institution											
Financial Institution								Account Name			
Account Number								BSB Number			
Lodgement Reference											
<input type="checkbox"/> Corporate Cheque Posted											
Payable to						Postal Address:					
Reference											
Amount											

Signatory Details			
I agree to be bound by the Terms & Conditions of the products requested and now supplied to me and acknowledge that my signature on this application form signifies acceptance of these Terms & Conditions. If Terms & Conditions, Access brochure, and Fees & Charges brochure have not been provided, please ask a staff member before signing this document.			
Member Signature		Member Signature	
Date		Date	

Office Use Only – If two to sign, both signatures are required.					
OP ID		Staff Mbr:		Date:	