

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"/> <i>If yes, please complete the Change of Details Form</i>				
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				

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		Date	
Member Signature		Date	

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