

Auto transfer authority



Member details

Member number _____ Account number _____

Account name(s) _____

Payment & type details

New payment **Change details**

Amount \$ _____ Starting date ____/____/____ Until further notice or Last payment on _____

Payment frequency One off Weekly Fortnightly Four weekly Monthly Quarterly 6 monthly Yearly

Electronic fund transfer (other institution)

Account number _____

BSB number _____

Reference number _____

Account name _____

BPAY

Biller code _____

Biller name _____

Customer reference number _____

Transfer to another Credit Union SA account

Account name _____

Account number _____

Reference _____

Cheque - name of payee or organisation to be paid

Postal address _____

_____ Post code _____

Reference _____

Sweep (not available for VISA credit card)

Retain a minimum balance

Minimum balance to retain \$ _____

Minimum transfer amount \$ _____

Effective from _____

Maintain a maximum balance

Account balance to maintain \$ _____

Effective from _____

Transfer funds from account _____

Complete details in the 'payment & type details' section above for where excess funds are to be transferred to.

VISA credit card full balance payment

Monthly full balance payment from account number _____

Warning: If the credit card full balance payment is delayed or dishonoured for any reason (e.g. due to insufficient funds in your account), interest will be payable on your credit card in accordance with the Visa credit card terms and conditions. Interest free days do not apply to cash advances and balance transfers.

Cancel payment

Cancel payment to payee _____ Amount \$ _____ Effective date _____

Declaration

I/we acknowledge that I/we have received the *Deposit Accounts and Access Services Terms and Conditions* relating to the Auto Transfer Authority and agree to abide by these conditions of use.

Signature (1) _____

Date _____

Signature (2) _____

Date _____

Office use only

Accepted by _____ Date _____ Loaded by _____ Date _____