Australian Defence Credit Union Limited
PO Box H151 Australia Square NSW 1215
Level 8, 1 York Street, Sydney NSW 2000
Phone Number: 1300 13 23 28
Fax Number: (02) 9240 4120

Branch

Periodic Payment Authority

Membership No. _____ **Membership Name**:_____
Account Number: _____ **Account Name:** _____

Please Tick

☐ New Authority ☐ Adjustment to existing authority ☐ Cancellation of existing authority

Details of Authority

Commencement Date: _____/_____/_____ Finalisation Date: _____/_____/_____
DAY MONTH YEAR DAY MONTH YEAR

Frequency of Payments: ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ One Off
☐ Quarterly ☐ Half Yearly ☐ Yearly

Australian Defence Credit Card (Monthly)

☐ Full Balance
☐ Minimum Payment
☐ Other Amount $_____

Amount of Payment $_____

Name of Recipient: _____

Name of Bank/Credit Union/
Building Society/Company: _____

Full Postal Address:_____

_____Postcode_____

Account Details (*if applicable)*: BSB __ __ __ / __ __ __ ACC No. _____

Reference Details (*if applicable*): _____ ADCU a/c Type *(if applicable)*: _____

I understand that the Credit Union accepts this order only upon the following conditions, namely:-

1. Although the Credit Union will endeavour to effect such periodical payments 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 payment or by any omission to follow such instructions.
2. This order is subject to any arrangement now subsisting or which may hereafter subsist between myself and the Credit Union in relation to my accounts.
3. The Credit Union in its absolute discretion conclusively determine the order or priority of payment by it of any moneys pursuant to this or any other order or withdrawal which I have heretofore or may hereafter give the Credit Union to draw on my account.
4. The Credit Union may at its pleasure terminate this order or at any time after being advised by the above named payee that no further payment is required.
5. This order will remain effective for the protection of the Credit Union in respect of payments made in good faith not withstanding my death or bankruptcy or the revocation of this order by any other means until notice of my death or bankruptcy or of such revocation is received by the Credit Union.
6. The Credit Union may charge a fee for this service which will be determined by the Credit Union from time to time.

Members Signature_____ Date _____/_____/_____ Ph No._____

Members Signature_____Date _____/_____/_____ Ph No._____

OFFICE USE ONLY

Check Payroll deductions	Bulk Payee Code	Operator Number	Periodic Payment Authority No.
☐ ☐	_____	_____	_____