



Application/Alteration for Periodical Payment Application for Electronic Funds Transfer

Date (dd/mm/yyyy) / / Member Number Account Type eg S1

Member Name Mr Mrs Ms Miss

Electronic Transfer *Internal Transfer/Periodical Payment*

Financial Institution	<input type="text"/>
BSB	<input type="text"/>
Account Number	<input type="text"/>
Account Name	<input type="text"/>
Amount \$	<input type="text"/>
Reference	<input type="text"/>
Frequency Weekly, Fortnightly, Monthly, Quarterly, Yearly or One-off transfer (please indicate)	<input type="text"/>
Start payment date	<input type="text"/>
Final payment date	<input type="text"/>

Alteration to Internal Transfer/Periodical Payment

PP authority number #

Cheque Payment (Periodical Payments only)

Payable to	<input type="text"/>
Amount \$	<input type="text"/>
Address	<input type="text"/>
Reference	<input type="text"/>
Frequency Weekly, Fortnightly, Monthly, Quarterly, Yearly or One-off transfer (please indicate)	<input type="text"/>
Start payment date	<input type="text"/>
Final payment date	<input type="text"/>

Signature/s _____

Fees, charges, terms and conditions may apply. Before using any of Orange Credit Union's products or services you should read our Financial Services guide.

OFFICE USE ONLY				
Member Verified: <input type="checkbox"/>	PP request loaded: <input type="checkbox"/>	Authority No.: <input type="checkbox"/>	Op. No. _____	Date: _____