

Periodical Payment Authority

I authorise Macquarie Credit Union Limited to arrange a Periodical Payment on my behalf according to the details set out below:

| | | | | | | |
|------------------------------|---|--|------------------------------------|----------------------------------|--------------------|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Amend | <input type="checkbox"/> Cancel | START DATE: | | AUTHORITY NUMBER: | |
| PAYMENT FREQUENCY: | <input type="checkbox"/> Weekly | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> 4 Weekly | <input type="checkbox"/> Monthly | AMOUNT TO BE PAID: | |
| | <input type="checkbox"/> 2 Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> 6 Monthly | <input type="checkbox"/> Yearly | | |
| | <input type="checkbox"/> Until further notice | <input type="checkbox"/> Finish date _____ | \$ | | | |
| MEMBER NO: | | ACCOUNT TYPE: | | | | |
| SURNAME: | | GIVEN NAME(S): | | | | |

INTERNAL TRANSFER

| | | | |
|--------------|--|---------------|--|
| MEMBER NO: | | ACCOUNT TYPE: | |
| MEMBER NAME: | | | |

EXTERNAL TRANSFER

| | | | |
|---------------|--|-------------|--|
| BANK: | | BRANCH: | |
| BSB: | | ACCOUNT NO: | |
| ACCOUNT NAME: | | | |

BPAY

| | | | |
|----------------------------|--|--------------|--|
| BILLER CODE: | | BILLER NAME: | |
| REFERENCE NAME/ NUMBER: | | | |

DECLARATION

I understand Macquarie Credit Union Ltd accepts this order only on the following conditions:

- Although the Credit Union will endeavour to effect this authority, it accepts no responsibility to make it, and 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 any instructions.
- This order is subject to any arrangement now subsisting or which may thereafter subsist between myself and the Credit Union may at its absolute discretion conclusively determine the order of priority payment by it of any moneys pursuant to this or any other order or cheque which I have heretofore or may hereafter given to requested the Credit Union to draw on my account.
- The Credit Union may at its pleasure terminate this order as to future payments at any time by notice in writing to me or without notice at any time after being advised by the payee that no further payment is required or if there was insufficient funds to honour this order three times.
- 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 means until notice of my death or bankruptcy or such revocation is received by the Credit Union.
- I authorise the Credit Union to vary the amount to be paid above when authorised in writing by my creditor or myself.
- By signing this application I/we agree to Macquarie Credit Union Limited giving information about me/us and the account to Macquarie Credit Union Limited, any related company and any of their agents. This information may be used to inform me/us about financial products.
- If you wish to cancel/amend a periodical payment, you must notify us in writing prior to the next debit date.

| | | | |
|------------|--|-------|--|
| SIGNATURE: | | DATE: | |
| SIGNATURE: | | DATE: | |

OFFICE USE ONLY

| |
|--|
| <input type="checkbox"/> ACTIONED BY _____ |
|--|