



E Saver - Opening Deposit Direct Debit Authority

Request and Authority to debit:

Surname/Company : _____
Given names/ ABN _____ ("you")

request and authorise Maleny & District Community Credit Union - BSB 704 606 to process any amount we deem to debit or charge you through the Bulk Electronic Clearing System from an account held at the Financial Institution below subject to the Terms and Conditions of the Direct Debit Agreement and further instruction that may be provided below.

Name of Financial Institution where the account is held

Financial Institution Name: _____
Address _____

Account details to be debited

Account Name: _____
BSB Number: ___ - ___ - ___ Account number: _____

Your MCU Account details to be credited

Account Name: _____
BSB Number: 704-606 Account number: **My New E Saver Account**
(For new members your membership number and account will be assigned by the MCU)

Direct Debit information

The amount to be debited is:
\$_____. ____ Once Only

This direct debit is due on ____/____/____

Acknowledgement By signing this Direct Debit Authority you acknowledge having read and understood the contents of the Online Product Disclosure Statement (PDS).

Signature _____ **Date** ____/____/____

Organisation & Position Held: _____
(If signing for an organisation, sign and print full name and capacity for signing e.g. Director, Partner etc.)

Office Use Only

Disclosure documents provided to the member
Entered By:.....Date:..... Receipt no.
Checked:Date:..... 30/07/04