



"Bunya House" 28 Maple St. Maleny, QLD. 4552
 Phone 07 5494 2144
 Fax 07 5494 3363

AFSL 246921 ABN 52 087 650 995
 BSB 704-606
 www.malenycu.com.au
 email info@malenycu.com.au

**E Saver – Savings Plan
 Periodic Payment Authority**

Request and Authority to debit your MCU account named below to pay into your E Saver account.

| Your MCU Account to be debited | Your E Saver Account to be credited |
|---------------------------------------|--|
| Account name: _____ | Account name: _____ |
| BSB Number: 704-606 | BSB Number: 704-606 |
| Account Number: _____ | Account Number: <u>C10 or subsequent account</u> |

Amount: \$ _____.

Frequency: Weekly Fortnightly Monthly

Timing: First payment to be made on ____/____/____
 Final payment to be made on ____/____/____

Or until further notice (Please tick if applicable)

Acknowledgment of online Online Product Disclosure Statement (PDS) Terms and Conditions

- By signing below I/we acknowledge having read, understood and agree to abide the contents of the Online Product Disclosure Statement (PDS).
- I/we hereby authorise and request MCU to debit my/our account and make the Periodic Payment as directed.
- I/we acknowledge that MCU will endeavour to carry out these instructions but will not accept responsibility for any failure to do so.
- I/we understand that in the event of insufficient funds, the account will continue to be checked in consecutive days and payment effected as soon as possible after funds become available.
- I/we understand that in the event that insufficient funds remain in the nominated account, MCU is under no obligation to make a payment.

Signature _____

Date ____/____/____

Signature _____

Date ____/____/____

Please fax, mail or hand deliver this form to MCU at "Bunya House" at the above address.

Checklist Credit Union use only:

Member has received:

- Member has signed and dated the PP Authority
- PP Authority set up on Molly

Checked by: _____
 Date ____/____/____

Variations:

- Periodic mappings varied
 1 2 3 4
- Date varied ____/____/____
- Amount _____
- Signed _____

Checked by: _____
 Date ____/____/____

Cancellations:

- Periodic mappings cancelled
 1 2 3 4
- Final date ____/____/____
- Signed _____

Checked by: _____
 Date ____/____/____