



Maleny & District Community Credit Union Limited

AFSL 246921 ABN 52 087 650 995

BSB 704-606

"Bunya House" 28 Maple St. Maleny, QLD. 4552

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Sustainable Banking

Periodic Payment Authority

New

Variation

Cancellation

Reinstatement

Member Details

Account name: _____

Account number: _____

Amount

Balance of Account (will leave \$5 in your account)

\$ _____

Electronic Transfer

Journal

Cheque

Cash

Note: If no transactions are made for a period of 3 months because of insufficient funds, the authority will be terminated.

Make payment to

Account Name: _____

BSB Number: _____ - _____ Account Number: _____

Bank: _____ Branch: _____

Payment due

First payment due ___/___/___ Final payment due ___/___/___

Or until further notice (Please tick if applicable)

Payment frequency

Weekly

Fortnightly

Monthly

28 days

Acknowledgement: Please tick each box below

- By signing below I/we acknowledge having read, understood and agree to abide by the contents of the Product Disclosure Statement (PDS), PDS Terms and Conditions and the PDS Fees and Charges Schedule.
- I/we hereby authorise 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 ___/___/___

Checklist (Credit Union use only):

Member has received:

- FSG (if required)
- PDS & PDS T & C's
- PDS Fees and Charges Schedule
- PP Authority signed and dated
- PP Authority set up in Molly

MSO Initials: _____ Date: ___/___/___

Checked by: _____ Date: ___/___/___

Variations:

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

MSO Initials: _____ Date: ___/___/___

Checked by: _____ Date: ___/___/___

Cancellations:

- Periodic mappings cancelled
1 2 3 4
- Final Date ___/___/___
- Signed _____

MSO Initials: _____ Date: ___/___/___

Checked by: _____ Date: ___/___/___