



PERIODICAL PAYMENT INSTRUCTIONS

Northern Inland Credit Union Ltd ABN 36 087 650 422 AFSL 235022

FORM
P1.1

Op No.

MEMBER DETAILS: Member name(s): Member number:..... S.....
 Cancel authority number: for the amount of \$..... payable to
 Amend authority number:to the amount of \$..... payable to
 from Member No:..... S..... Commencement date: until or further notice.
 Suspend the payment for the amount of \$..... payable to until (date):.....
 Establish a periodical payment: weekly fortnightly monthly quarterly half-yearly yearly once off
 every four weeks two monthly
 For NICU VISA credit card repayments: VISA.MIN (minimum payment due) VISA.MAX (entire balance outstanding)
For NICU loan repayments: REPAY (set repayment amount – refer to your Loans Officer)

ELECTRONIC BANK DEPOSIT Commencing: Until: Amount: BSB: A/C No:..... A/C name: Ref:	BPAY ® Commencing: Until: Amount: Biller code: Customer reference no.:	POST Commencing: Until: Amount: Name: Address: Ref:	TRANSFER TO NICU A/C Commencing: Until: Amount: DEBIT Member:..... A/c: CREDIT Member:..... A/c: Ref:
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MEMBER AUTHORITY:
 Name: Signature: Date:
 Name: Signature: Date:

OFFICE USE ONLY: Sig. verified **OR** Remote ID: P/W **OR** 3 of- List accounts Recent tranx Prior addresses ATOs
 Staff initials:..... Op No: Date: Authority No:.....
 Now load Event. Store form on site for 12 months. Do not scan to electronic storage



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