



DIRECT DEBIT INSTRUCTIONS FORM
Northern Inland Credit Union Ltd ABN 36 087 650 422 AFSL 235022 Australian credit licence 235022

FORM DDI

MEMBER TO COMPLETE: PLEASE NOTE our system cancels ALL direct debits listed under the supplier number written below. If you have multiple direct debits and you are not cancelling all of them, do not fill in this form. Make arrangements with the company the direct debit pays.

Membership name: Member number: Account:.....

- Cancel** my direct debit to
- Amend** my direct debit to by linking it to this account: L27 or S..... (must be in same Membership).
- Reinstate** my direct debit to
(REINSTATEMENT FEE MUST BE PAID AT THE TIME THE INSTRUCTION IS PROCESSED)
- Elect** a hierarchy of accounts (list out accounts within Membership to be debited in order),,,

MEMBER TO COMPLETE: I have received the Product Fact Sheet for my savings account which includes the terms and conditions that govern direct debits.

Name: Signature:..... Date:

- OFFICE USE ONLY: BRANCH/CC:** Signature verified OR Remote ID: NICU P/W
OR Remote ID: 3 of these: List accounts Recent tranx Prior addresses ATOs Loans Officer Initials: Op no:.....
 Fee to 3.3.18 by Branch/CC RSO
ADMIN: Fee to 3.3.18 by Admin Supplier no: **ALL:** Load Event/shred form



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