

Electronic recurring payment request

Member name	Member number	From account (eg. (S1))
<input type="text"/>	<input type="text"/>	<input type="text"/>

Service Required (please tick ✓)

New Alter authority Cancellation - go to section 'E.' below and complete

For transfer to an EECU Visa Platinum Credit card - go to section 'C.' below and complete

I request EECU to pay, on my behalf the amount of

Frequency of payment (please tick ✓)

Weekly Fortnightly Monthly Quarterly

Please commence the recurring payments on and cease on or when advised

Account details

A. BPAY

Bill code Biller reference number

B. Internal transfer to another EECU account

Member name Member number Account type

Reference

C. EECU Visa Platinum Credit card

Note: Transfer will be made on the 15th of each month

Full closing balance Minimum repayment Set amount

D. External transfer

BSB number Account number Account name

Reference

E. Cancellation

Please cancel the recurring payment made to: for \$ effective

Declaration

I/We acknowledge and understand that:

- EECU will process the instructions above and understand that they will not accept responsibility for late or missed payments.
- EECU have the right to cancel this authority at any time by notice in writing.
- I will ensure that funds will be sufficient to meet payments on due dates and that it is at EECU discretion to determine the order of priority for payment.

Signature

Date

Signature (Joint account owner)

Date

EECU Limited

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