

(For Office Use Only) Name:.....AP#.....



AUTHORITY FOR AUTOMATIC PAYMENTS

Last Name: First Names:

Member Number: NEW / AMEND EXISTING (Please Circle One)

Commencing Date:/...../..... Frequency: Week / Fortnight / Month / Quarter
Half Year / Year / Four Week / Two Months
(Please Circle One)

Account To Be Debited:/S..... (Eg: Number and Type 1234/ S3)

Amount In Words:

\$..... Commencing Date:/...../..... Until:/...../.....
Or Until Further Notice

To –

Bank Account Number:/...../...../..... A/c Name:.....

Particulars: Code: Reference:.....

Or

Transfer to NZFCU Account:/S.....

- Please Note:** 1. It is your responsibility to ensure that there are sufficient funds in your account to cover this payment.
2. This payment authority will be automatically cancelled if rejected 3 times due to insufficient funds.

Signed:
(Member)

Date:/...../.....

For Office Use Only:
P80 Entered by:..... Date:...../...../.....