

# NEW ZEALAND FIREFIGHTERS CREDIT UNION DIRECT DEBIT AUTHORITY

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Amount: \$\_\_\_\_\_ Commencing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payee: \_\_\_\_\_

Ref: \_\_\_\_\_

Frequency: WEEKLY / FORTNIGHTLY / MONTHLY / 2 MONTHLY

Members Account to be Debited: \_\_\_\_\_

**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: .....

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_