

PERIODICAL PAYMENT



Name/s: _____

Member No: _____

Address: _____

State : _____ Postcode: _____

Telephone: (Business) _____ (Home) _____ (Mobile) _____

I/We hereby apply to pay \$ _____ starting _____

Date of final withdrawal
or "further notice" →

ending _____

- every Week Fortnight Month Quarter
 Half Year Year Four weeks Two months

Payment Instructions:

Credit my/our credit union account _____

Transfer to another bank

BSB _____ A/C No _____

A/C Name _____

Reference (if required) _____

Draw a cheque
payable to _____

BPay Supplier _____ Biller Code _____

Reference No. _____ Amount \$ _____

Signature _____

Signature _____

Date _____

Office Use Only:

Authority No. _____

New Authority

Alteration

Laboratories Credit Union Limited

ABN 77 087 650 217

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AFSL 240807

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