

MEMBER DETAILS

Member Number

Member Name

Account Number

Account Name

Please tick

 New authority Adjustment to existing authority Cancellation of existing authority**DETAILS OF AUTHORITY**

Commencement Date

 / /

Finalisation Date

 / /

Frequency of Payments

 Weekly Fortnightly Monthly Once Off Quarterly Half Yearly Yearly

Australian Military Bank Credit Card (monthly)

 Full balance Minimum balance Other _____

Amount of payment

\$ **RECIPIENT DETAILS**

Name of Recipient

Name of Bank/Credit Union/Building Society/Company

Postal Address of Bank/Credit Union/Building Society/Company

State

Postcode

Account Details (if applicable)

BSB

Account Number

Reference Details (if applicable) _____

Australian Military Bank Account Type (if applicable) _____

Signature 1

Print Name

 Date / /

Phone Number

Signature 2 (if applicable)

Print Name

 Date / /

Phone Number

OFFICE USE ONLY Checked payroll deductions

Bulk Payee Code

Operator Number

Periodic Payment Authority Number