



EXTERNAL FINANCIAL INSTITUTE TRANSFER

Date _____

Member Number

First Name/s _____

Surname _____

PLEASE ENSURE THAT YOU HAVE SUFFICIENT MONEY IN THE CORRECT
ACCOUNT AT LEAST ONE DAY BEFORE THE DUE DATE OF PAYMENT

A FEE OF \$1.60 IS CHARGED FOR EACH EXTERNAL TRANSFER (EFTFEE)

Date of first payment _____

Please send ONCE ONLY WEEK FORTNIGHT MONTH
 2 MONTHS 3 MONTHS 6 MONTHS YEARLY

Until the final payment on _____

Please send \$ _____ From my S _____ account

Please send to _____
(Financial Institutions Name)

BSB NO
(Always 6 figures)

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ACCOUNT
NUMBER
(Maximum 9 figures)

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Bank Account or Credit Card in the name of _____

Reference _____
(Maximum 18 characters)

PLEASE REFER TO TERMS AND CONDITIONS OVER THE PAGE

TERMS AND CONDITIONS

I/We understand that Fitzroy and Carlton Community Credit Co-operative accept this payment request only upon the following conditions:

Although FCCC will attempt to make payments it accepts no responsibility to make them. FCCC shall not be liable for payments not being made or being made late.

This request may be ended by the FCCC at any time.

FCCC may decide the order of payments under this request or any other request which I/We may give to FCCC.

To protect FCCC for payments being made in good faith in the event of my/our death, bankruptcy or cancellation of this request or any other request which I/We may give to the FCCC.

If I/We wish to change the details of this payment request or if I/We do not wish the payment to be made then I/We shall notify FCCC two working days prior to the usual payment.

Member Signature

Staff Witness Signature

OFFICE USE ONLY

Processed by: _____

Authority Number: _____

Officers Signature upon completion: _____