



TRAVELEX TRANSFER AUTHORITY

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 1% COMMISSION APPLIES AND A CURRENCY CONVERSION WILL
APPLY FOR FOREIGN CASH PASSPORT CARDS**

Date of first payment _____

Please send \$ _____ From my S _____ account
(MINIMUM OF \$250)

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

Until the final payment on _____

CARD NUMBER

					-						-						-					
--	--	--	--	--	---	--	--	--	--	--	---	--	--	--	--	--	---	--	--	--	--	--

Member Signature

OFFICE USE ONLY

Processed by: _____

Officers Signature upon completion: _____