

Periodical Payment Alteration/Cancellation

230 Clarence Street Sydney NSW 2000
 PO Box A253 Sydney South NSW 1232
 SGE Direct 1300 364 400
 Fax (02) 9687 2397
 www.sgecu.com.au



SGE Credit Union Ltd
 ABN 72 087 650 637
 AFSL 238311

Member number	<input type="text"/>		
Member name(s)	<input type="text"/>		
Address	<input type="text"/>		
Phone (Home)	<input type="text"/>	Phone (Work)	<input type="text"/>

Alteration

Amount \$ Frequency weekly fortnightly 4 weekly monthly

Effective from Effective to OR Until further notice
(Allow at least 5 working days for mail)

Payee	<input type="text"/>		
Address	<input type="text"/>		
Reference Number	<input type="text"/>	BSB No.	<input type="text"/>
		A/C No.	<input type="text"/>

I/We hereby authorise SGE Credit Union Limited to make or change the recurring payment detailed above until this authority is revoked by me. I understand that although the Credit Union will endeavour to effect such periodical payments it accepts no responsibility to make the same, and accordingly the Credit Union shall not incur any liability through any refusal or omission to make all or any of the payments or by reason of late payment or by any omission to follow any such instructions.

Member 1	Signature <input type="text"/>	Date <input type="text"/>
Member 2	Signature <input type="text"/>	Date <input type="text"/>

This authority must be signed in accordance with the Membership signing authority - either to sign requires 1 signature, both to sign requires 2 signatures.

Cancellation of an Existing Authority

Amount \$ Frequency weekly fortnightly 4 weekly monthly

Effective from Effective from (Allow at least 5 working days for mail)

Payee	<input type="text"/>		
Address	<input type="text"/>		
Reference Number	<input type="text"/>	BSB No.	<input type="text"/>
		A/C No.	<input type="text"/>

I hereby authorise SGE Credit Union Limited to cancel the above recurring payment as of the date listed above.

Member 1	Signature <input type="text"/>	Date <input type="text"/>
Member 2	Signature <input type="text"/>	Date <input type="text"/>

Office use only
Authority No. <input type="text"/>
Operator <input type="text"/>

This authority must be signed in accordance with the Membership signing authority - either to sign requires 1 signature, both to sign requires 2 signatures.

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BPAY Future Dated Payment Cancellation

Member number

Member name(s)

Daytime contact number

Please cancel the following BPAY future dated payment:

Biller name

Biller number

Card number

Card type Redicard Visa card

Due date of payment

Amount \$

Reference number

Payment medium Telephone Internet

Reason for cancellation

I / We understand that a fee may be incurred in accordance with BPAY Terms & Conditions of Use for cancellation of this payment.

Member 1	Signature <input type="text"/>	Date <input type="text"/>
Member 2	Signature <input type="text"/>	Date <input type="text"/>

This authority must be signed in accordance with the Membership signing authority - either to sign requires 1 signature, both to sign requires 2 signatures.

Credit Union Staff will complete this section

To be completed by Branch

Received by

Branch

Signatures verified

Date

To be completed by Member Services Department

Date received

Fee charged Yes No

Completed by