

# Transfer Order AUTHORITY



Account holder name(s):  Membership No.:   
 Membership No.:

## PAYMENT DETAILS

We request the first payment to commence on: Date:  /  /

We request the payment made on the frequency of: **(tick as required)**

Once off payment  Weekly  Fortnightly  Four weekly  Monthly

The payment is to be made until:  further notice  final payment on Date:  /  /

We request payment(s) debit from my/our Account No.:

Payment amount: \$

## PAYMENT OPTIONS (please note fees are payable)

Payment(s) is to be made to: **(complete A, B, C or D)**

**A.** Another SERVICE ONE account

Membership No.:

Account No.:

Name of account holder:

Reference:

**B.** Another financial institution

BSB:

Account No.:

Name of account holder:

Reference:

**C.** A cheque made out to

Name:

Address:

Suburb/City:

State:  Postcode:

**D.** Pay via BPAY®

Bill Code:

Payee name:

Account No.:

BPAY® is registered to BPAY Pty Ltd ABN 69 079 137 518

## DECLARATIONS AND ACKNOWLEDGEMENTS

I agree to abide by the Terms and Conditions that are set out in SERVICE ONE's Financial Services Guide/Product Disclosure Statement, Operation of Accounts and access facilities, and Schedule of Fees and Charges. I agree to pay any fees associated with the use of this service as indicated in the Schedule of Fees and Charges.

**NOTE: if the account/s is in a joint relationship (two to sign), all account owners are required to sign.**

Signature  Print Name  Date  /  /

Signature  Print Name  Date  /  /

### OFFICIAL USE ONLY (BRANCH)

Periodic payment created by operator:  Authority number:  Bill details verified (for BPAY only): Yes  No

**Forward the completed form to OPERATIONS**