



Authority to Commence/Alter/Cancel Periodic Payment	Membership Number <input style="width: 90%;" type="text"/>
Primary Member	
Title <input style="width: 200px;" type="text"/>	First Name <input style="width: 200px;" type="text"/>
	Surname <input style="width: 200px;" type="text"/>
Joint Member (where applicable)	
Title <input style="width: 200px;" type="text"/>	First Name <input style="width: 200px;" type="text"/>
	Surname <input style="width: 200px;" type="text"/>
Payment Details	
<input type="checkbox"/> New Authority <input type="checkbox"/> Alter Existing Authority <input type="checkbox"/> Cancel Existing Authority	
Payment Instructions	
<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	
Amount of Payment	\$ <input style="width: 150px;" type="text"/>
Date you wish to Commence / Alter / Cancel this Payment	<input style="width: 150px;" type="text"/>
Debit my/our account number	<input style="width: 200px;" type="text"/>
Internal Transfer	
Credit account number at Pulse Credit Union	<input style="width: 200px;" type="text"/>
OR	
External Transfer	
<input type="checkbox"/> Electronic Funds Transfer	BSB Number <input style="width: 80px;" type="text"/> Account Number <input style="width: 150px;" type="text"/>
Account Name	<input style="width: 200px;" type="text"/>
Institution Name	<input style="width: 200px;" type="text"/>
Institution Address	<input style="width: 200px;" type="text"/>
Lodgement Reference	<input style="width: 200px;" type="text"/>
I/We agree to be bound by the Account and Access Facility Conditions of Use	
Signature(s)	<input style="width: 200px;" type="text"/>
Date	<input style="width: 200px;" type="text"/>