

PERIODIC PAYMENT AUTHORITY

Send your completed form to: e: service@australianmilitarybank.com.au f: 02 9240 4190 b: drop into branch

MEMBER DETAILS			
Member Number	ber Number Member Name		
Account Number	Account Name		
Please tick			
New authority Adjustment to existing authority Cancellation of existing authority			
DETAILS OF ALITHODITY			
DETAILS OF AUTHORITY			
Commencement Date	F	inalisation Date	
/ /			/
Frequency of Payments			
Weekly Fortnightly	Monthly	Once Off	
Quarterly Half Yearly	Yearly		
Australian Military Bank Credit Card (monthly)		_	
Full balance Minimum balance	Other	Amount of payment	\$
RECIPIENT DETAILS			
Name of Recipient	Name	of Bank/Credit Union/Building Soc	ciety/Company
Postal Address of Bank/Credit Union/Building Society/C	Company	State	Postcode
Account Details (if applicable)			
	: Number		
Reference Details (if applicable)			
Australian Military Bank Account Type (if applicable)			
Signature 1	Print Name		Phone Number
oignature 1	THICINAINC	Date / /	THORE NUMBER
	L		
Signature 2 (if applicable)	Print Name	Date / /	Phone Number
		Date / /	
OFFICE USE ONLY Checked payroll deductions			
Bulk Payee Code Operator Number	Periodic	Payment Authority Number	

PO Box H151, Australia Square NSW 1215 | Ph: 1300 13 23 28 | Fax: 02 9240 4190 | Email: service@australianmilitarybank.com.au australianmilitarybank.com.au | Australian Military Bank Ltd ABN 48 087 649 741 | AFSL and Australian credit licence number 237 988