



EZYPAY APPLICATION FORM

Date:

Member No.

Name:

Home Address: _____

Postcode: _____

Phone (H)

(W)

Hunter United Credit Union Ltd is the product issuer and principal.

Please nominate:
Major Account

Minor or Fallback Account
(if insufficient funds in Major A/C)

Office Use Only:
Company Code

Name of payee / Company Name:

Payee Address / Account Title: _____

Postcode: _____

BSB No.

Account No./Card No./ Member Account:

Reference Details / Lodgement Reference No. (if applicable)

Amount

Frequency

Due Date

End of Month

Please nominate:
Major Account

Minor or Fallback Account
(if insufficient funds in Major A/C)

Office Use Only:
Company Code

Name of payee / Company Name:

Payee Address / Account Title: _____

Postcode: _____

BSB No.

Account No./Card No./ Member Account:

Reference Details / Lodgement Reference No. (if applicable)

Amount

Frequency

Due Date

End of Month

- New** I hereby authorise the Credit Union to withdraw from my nominated account and to pay/process on my behalf the bills/transfers shown overleaf
- Amend** I hereby request cancellation of the EzyPay facility shown overleaf.
- Cancel** I hereby request cancellation of the EzyPay facility shown overleaf.

I/We certify that the EzyPay application is correct and that I/we confirm that I/we have read and understood the relevant Product Guide including the Fees and Charges brochure.

Signature: _____

Witness: _____

OFFICE USE ONLY

Product Guide & Fees and Charges brochure issued

Processed date: ____ / ____ / ____

Actioned by: _____

