## **EFT Request**



T 1300 655 116 F 02 9965 1222 P Locked Bag 7003 Concord West NSW 2138 E info@mycu.com.au

Personal details					
Member number	Contact n	umber			
Member name(s)					
Residential address					
		State		Postcode	
I/we authorise the Cr	edit Union to make the following EFT payment:				
From	Member number				
	Account type (s1, s2, etc.)				
Type of EFT	Standard				
	Priority - swift transfer (received same day) Note: Speci	al service fee ap	oplies		
to					
Account name					
BSB					
Account number					
Amount	\$				
Reference (if applicable)					
	Warning: you must ensure that the BSB and account number are does not belong to the named recipient. If the payment is made to funds from the unintended recipient. Note the receiving bank may BSB and account number. Standard external transfer transactions Day will be sent to the payee on the same day. Transactions rec Banking Day. When the payee's account will be credited depend they are generally received within 1 to 2 business days.	o an incorrect ac y not validate th s requested befo quested after th	count it may no e account nam ore 2:00pm (Al is time may be	ot be possible to le and may rely EST) on a Bank e sent on the n	o recover the soley on the ing Business ext Business
	I confirm that I have read, understood and agree to abide by the	conditions abov	e.		
Member signatu	re(s)				
Member 1 signature		Date	/	/	
Member 2 signature		Date	/	/	
Note: T	nis authority must be signed in accordance with the membership	signing authorit	У		
Branch use only  Member 1 sig verified  Member 2 sig verified	Transaction processed  Fee charged (priority EFT)  Transaction verified  Trime		Completed b Op No	0.	