

(For Office Use Only) Name: ..... AP# .....



The Village Mall  
5 Britannia St, Petone 5012  
PO Box 33 097, Petone 5046  
Phone +64 4 568 7860  
Free Phone: 0508 613 328  
Email: nzfcu@xtra.co.nz  
www.firefighters.co.nz

## AUTHORITY FOR AUTOMATIC PAYMENTS

Last Name: ..... First Names: .....

Member Number: ..... NEW AMEND EXISTING (Please indicate one)

Commencing Date: ..... Frequency: Week Fortnight Month Quarter  
Half Year Year Four Week Two Months  
(Please indicate one)

Account To Be Debited: ...../S..... (Eg: Number and Type 1234/ S3)

Amount In Words: .....

\$..... Commencing Date: ..... Until: .....  
Or Until Further Notice .....

**To –**

Bank Account Number: ..... A/c Name: .....

Particulars: ..... Code: ..... Reference: .....

Or

Transfer to NZFCU Account: ...../S.....

Please Note: 1. It is your responsibility to ensure that there are sufficient funds in your account to cover this payment.  
2. This payment authority will be automatically cancelled if rejected 3 times due to insufficient funds.

Signed: .....  
(Member)

Date: .....

For Office Use Only:

P80 Entered by: .....

Date: ...../...../.....