

Alteration or Cancellation of Periodical Payment



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Date

Member Number

Surname

Given Names

Existing Authority

Please amend/cancel my Periodical Payment going to:

For the amount of: \$

From Account Type

Frequency of Payment: (please tick ✓)

Weekly Fortnightly Monthly Other: (please specify)

Alteration

Alter the frequency of payment to: (please tick ✓)

Weekly Fortnightly Monthly Other: (please specify)

Increase amount to \$

Date of alteration / /

Decrease amount to \$

Date of alteration / /

Alter the payee, address, or reference details to:

Cancellation

Cancel the authority from / /

Signature/s

Date

Office Use Only

Authority Number

Date Cancelled/Altered

Actioned by