

REGULAR PAYMENT REQUEST FORM

Member Name	
Account No.	

I _____ hereby authorise and request you to
 set up
 amend
 a debit on the above account and to credit the below account until further notice in writing. It shall be understood the Credit Union shall not be under any liability for damages or loss caused by omission to make these payments.

PAYEE NAME Name of the person or organisation you are paying	
PAYMENT REFERENCE This will appear on the bank statement of the organisation you are paying	
BANK SORT CODE The bank code of the organisation you are paying	
BANK ACCOUNT NO. The account number of the organisation you are paying	
AMOUNT	
FREQUENCY (Please tick as appropriate)	WEEKLY [] FORTNIGHTLY [] MONTHLY []
Start Date	End Date

Member Signature		Print Name	
Staff Signature		Print Name	
Date			
Amended by			
Checked by			

CANCELLATION

I wish to cancel my Regular Payment Request with effect from _____ (date of last payment request)

Member Signature _____ **Date** _____