

Member number	<input type="text"/>		
Member name(s)	<input type="text"/>		
Address	Street no. and name		
	Suburb	State	Postcode
	Home	Mobile	

Alteration

Amount	\$ <input type="text"/>	Frequency	<input type="checkbox"/> weekly	<input type="checkbox"/> fortnightly	<input type="checkbox"/> 4 weekly	<input type="checkbox"/> monthly
Effective from	<input type="text"/>	Effective to	<input type="text"/>	OR	<input type="checkbox"/> until further notice	
<small>(Allow at least 5 working days for mail)</small>						
Payee	<input type="text"/>					
Address	Street no. and name					
	Suburb	State	Postcode			
	Reference number	<input type="text"/>	BSB no.	<input type="text"/>	Account no.	<input type="text"/>

I/We hereby authorise G&C Mutual Bank to make or change the recurring payment detailed above until this authority is revoked by me. I understand that although G&C Mutual Bank will endeavour to effect such periodical payments it accepts no responsibility to make the same, and accordingly G&C Mutual Bank shall not incur any liability through any refusal or omission to make all or any of the payments or by reason of late payment or by any omission to follow any such instructions.

Member 1	Signature	<input type="text"/>	Date	<input type="text"/>
Member 2	Signature	<input type="text"/>	Date	<input type="text"/>

This authority must be signed in accordance with the Membership signing authority - either to sign requires 1 signature, both to sign requires 2 signatures.

Cancellation of an Existing Authority

Amount	\$ <input type="text"/>	Frequency	<input type="checkbox"/> weekly	<input type="checkbox"/> fortnightly	<input type="checkbox"/> 4 weekly	<input type="checkbox"/> monthly
Effective from	<input type="text"/>	Effective to	<input type="text"/>	OR	<input type="checkbox"/> until further notice	
<small>(Allow at least 5 working days for mail)</small>						
Payee	<input type="text"/>					
Address	Street no. and name					
	Suburb	State	Postcode			
	Reference number	<input type="text"/>	BSB no.	<input type="text"/>	Account no.	<input type="text"/>

I/We hereby authorise G&C Mutual Bank to cancel the above recurring payment as of the date listed above.

Member 1	Signature	<input type="text"/>	Date	<input type="text"/>
Member 2	Signature	<input type="text"/>	Date	<input type="text"/>

This authority must be signed in accordance with the Membership signing authority - either to sign requires 1 signature, both to sign requires 2 signatures.

Staff use only

Authority number	<input type="text"/>
Operator	<input type="text"/>

BPAY Future Dated Payment Cancellation

Member number	<input type="text"/>		
Member name(s)	<input type="text"/>		
Address	<input type="text" value="Street no. and name"/>		
	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="Postcode"/>
Contact phone numbers	<input type="text" value="Home"/>	<input type="text" value="Mobile"/>	

Please cancel the following BPAY future dated payment:

Billers name	<input type="text"/>
Billers number	<input type="text"/>
Card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Card type	<input type="checkbox"/> Access Card <input type="checkbox"/> Visa Card
Due date of payment	<input type="text"/>
Amount	<input type="text" value="\$"/>
Reference number	<input type="text"/>
Payment medium	<input type="checkbox"/> Telephone <input type="checkbox"/> Internet
Reason for cancellation	<input type="text"/>
	<input type="text"/>

I/We understand that a fee may be incurred in accordance with BPAY Terms & Conditions of Use for cancellation of this payment.

Member 1	<input type="text" value="Signature"/>	<input type="text" value="Date"/>
Member 2	<input type="text" value="Signature"/>	<input type="text" value="Date"/>

This authority must be signed in accordance with the Membership signing authority - either to sign requires 1 signature, both to sign requires 2 signatures.

Staff use only

Member1 verified <input type="checkbox"/>	Completed by <input type="text"/>
Member2 verified <input type="checkbox"/>	Signature <input type="text"/>
	Date <input type="text"/>

Authorised by <input type="text"/>
Signature <input type="text"/>
Date <input type="text"/>

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