

# New/Cancellation of Periodical Payment Authority



QPCU Limited T/A QBANK  
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ABN 79 087 651 036 AFSL No. 241413

## Member Details

Name/s				Authority No.	
				Membership No.	
Address					
Telephone: (Work)		(Home)		(Mobile)	
Email					

## New Periodical Payment Authority

Pay from S  Account commencing on  /  /  until  Final Payment Date  /  /  OR  Until Further Notice

then:  Once-off Only  Weekly  Fortnightly  Monthly  Four Weekly  Quarterly  Half Yearly  Yearly

Pay the amount of (complete either A, B or C):

A. Fixed amount  dollars  cents \$

B. QBANK Credit Card Payment -  Whole Monthly Outstanding Balance

C. QBANK Credit Card Payment -  Minimum Monthly Balance

### Payee Details

Payment to a QBANK Account

Name  Membership No.  Account Type: S  L

OR  Direct Payment to a third party or to an account not held with QBANK:

Payee

Address

Account No.  Reference

Financial Institution  Branch  BSB No.

## Cancellation of Authority

Payee	<input type="text"/>	Authority No.	<input type="text"/>
		Amount	\$ <input type="text"/>
Account Number	<input type="text"/>	Reference	<input type="text"/>

## Authority

I/We acknowledge that I/we have read and understood QBANK's General Information Terms & Conditions Booklet including the QBANK Privacy Notice, and agree and consent to the collection, use and disclosure of personal information in this document for the purpose of the application and authority. This Notice must be read by each individual who signs this application form, including any guarantor or nominated account signatory.

By signing this application form you agree to the terms and conditions outlined the General Information Terms & Conditions Booklet.

First Member Signature	Second Member Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

### OFFICE USE ONLY

Loaded by	<input type="text"/>	Date	<input type="text"/>	Checked by	<input type="text"/>	Date	<input type="text"/>
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