



The Broken Hill Community Credit Union Ltd

ABN: 12 087 650 762

AFSL No: 238020

DIRECT CREDIT DISTRIBUTION AUTHORITY

Date ___ / ___ / ___

I/We request & authorise The Broken Hill Community Credit Union Ltd to distribute wages/salary or other authorised credits as following:

Member Number _____ Member Name _____

Direct Credit/Payroll Supplier

| | | | |
|----------------|-----------|----------------|-----------|
| Account Number | Amount \$ | Account Number | Amount \$ |
| Account Number | Amount \$ | Account Number | Amount \$ |
| Account Number | Amount \$ | Account Number | Amount \$ |
| Account Number | Amount \$ | Account Number | Amount \$ |

Signature _____ Signature _____

On completion please send this form to BHCCU LTD PO Box 294, Broken Hill NSW 2880 or alternatively fax to (08) 8087 6730.

CU Use Only:

Date Processed: ___ / ___ / ___

MSO