



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 _____

CU Use Only:
 Date Processed: ___ / ___ / ___ MSO _____