



The Broken Hill Community Credit Union Ltd
ABN: 12 087 650 762 AFSL No: 238020

ALTERATION TO TERM DEPOSIT INSTRUCTIONS

Date ___ / ___ / ___

I/We request the following changes be made to the instructions on my/our Fixed Term Deposit.

Member Number _____ Member Name _____

Fixed Term Deposit Account Number	Principal Amount
Alteration instructions: _____ _____ _____	

Is this Fixed Term Deposit used as Loan Security? Yes [] No []

I/We understand that if I/we request to redeem part or all of the Term Deposit prior to maturity that this may only be done with the Credit Union's consent and that an Interest Penalty may apply.

Signature _____ Signature _____

OFFICE USE ONLY Date Processed: ___ / ___ / ___ MSO _____
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