



**DIRECT DEBIT INSTRUCTIONS FORM**  
Northern Inland Credit Union Ltd ABN 36 087 650 422 AFSL 235022

FORM DDI

**MEMBER TO COMPLETE:** PLEASE NOTE our system cancels ALL direct debits listed under the supplier number written below. If you have multiple direct debits and you are not cancelling all of them, do not fill in this form. Make arrangements with the company the direct debit pays.

Membership name: ..... Member number: ..... Account:.....

- Cancel** my direct debit to .....
- Amend** my direct debit to ..... by linking it to this account: L27 or S..... (must be in same Membership).
- Reinstate** my direct debit to .....  
(REINSTATEMENT FEE OF \$5 MUST BE PAID AT THE TIME THE INSTRUCTION IS PROCESSED)
- Elect** a hierarchy of accounts (list out accounts within Membership to be debited in order) ....., ....., ....., .....

**MEMBER TO COMPLETE:** I have received the Product Fact Sheet for my savings account which includes the terms and conditions that govern direct debits.

Name: ..... Signature:..... Date: .....

- OFFICE USE ONLY: BRANCH/CC:**  Signature verified OR Remote ID:  NICU P/W  
OR Remote ID: 3 of these:  List accounts  Recent tranx  Prior addresses  ATOs  Loans Officer Initials: ..... Op no:.....  
 Fee to 3.3.18 by Branch/CC RSO  
**ADMIN:**  Fee to 3.3.18 by Admin Supplier no: ..... Processed: Staff initials: ..... Op no. .... Date .....



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