Recurring Auto Transfer Authorisation Request





This form may be lodged with CCFS:

posted to: Churches of Christ Financial Services PO Box 5302, South Melbourne Vic 3205 by email: info@ccfsaustralia.org.au



Need help or have a question?

Call us on 1300 MY CCFS (1300 69 22 37) Visit us at www.ccfsaustralia.org.au or Email us at info@ccfsaustralia.org.au

Please use BLOCK LETTERS in BLACK OR BLUE PEN ONLY and ☑ tick required choices

STEP 1: REQUEST TYPE

Please tick one

> New recurring auto transfer (Complete all steps)
> Change to existing recurring auto transfer (Complete all steps)
> Cancel recurring auto transfer (Complete steps 1, 2 and 5 only)

STEP 2: FROM CCFS ACCOUNT

Account Name			
Account Number	Amount	Amount in Words	
Reference to appear on CCFS account			

STEP 3: RECURRING AUTO TRANSFER DETAILS

Frequency of Payment (e.g. monthly)	
Commencement Date	Expiry Date OR Until further notice

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STEP 4: TO ACCOUNT DETAILS

Please tick one option and complete method of payment details

> Credit CCFS account number
CCFS Account Name
Reference to appear on both CCFS Accounts
> Credit account with another financial institution
Account Name
Financial Institution Branch
BSB Number Account Number
Reference to appear on financial institution statement (max. 18 characters)
Reference to appear on CCFS statement
> BPAY
Biller Code Biller Reference Number
TEP 5: AUTHORISED REPRESENTATIVES TO SIGN HERE
DDIVACV
PRIVACY We consent to the collection, use and disclosure of our personal information as detailed in the Product Disclosure Statement.
COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION
Information is collected from you to administer and manage your Product or Service and if some or all the information is not collected then it may not be possible to administer your Product or Service effectively. We may use your personal information to provide you with
information and marketing material about other products and services provided by Churches of Christ Financial Services. We do not provide your information to any other organisation without your consent, other than those organisations that provide administrative or
other services as part of the operation of CCFS. You can view and obtain our Privacy Policy from our website: www.ccfsaustralia.org.au
SIGNATURE OF APPLICANT/SIGNATORY
Authorised Signatory 1 Authorised Signatory 2
Addition code org. taken, 2
SIGN HERE SIGN HERE
Print full name Print full name
Date Date

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