



AP Authority

MTS

Members Name: _____

Member Number: _____

Add / Alter / Cancel _____ Authority No: _____

Commencing Date: _____ Frequency Code: _____

Frequency Codes

1. Week	2. Fortnight	3. Month	4. Quarter
5. Half Year	6. Year	7. Four Weeks	8. Two Months

Members Account to be Debited: _____
(e.g. number – type 1234 S3 SMI)

Please withdraw the amount (in words): _____
_____ \$ _____

Bank Account Number _____

<u>Particulars</u>	<u>Code</u>	<u>Reference</u>
_____	_____	_____

Until Date: _____ or Further Notice: _____

Please Note:

1. This is your responsibility to ensure that there are sufficient funds in your account to cover this payment.
2. This payment authority will be automatically cancelled if rejected 3 times due to insufficient funds.

Signed: _____ Date: _____
(member)

Office Use Only:	
Received by: _____	Date: _____
Computer: _____ (P80)	Date: _____