



Date:     /     /20

Member No: \_\_\_\_\_ Account Name/s: \_\_\_\_\_

Account No: \_\_\_\_\_ Type: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

**Funds disbursement (please provide details over leaf)**

Disbursement type (please tick):            Gateway account/s                Other account/s                Prepare cheque/s   

Signature of account holder/s: \_\_\_\_\_

Teller Stamp



transfer / cheque  
(please tick)

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<b>Pay to</b>	<b>BSB</b>	<b>Account No.</b>	<b>Amount</b>	<b>Office use</b>
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

By signing this form, it is agreed that: 1. The Credit Union will not accept any request for stop payment of a cheque unless written direction is produced from the authorised signatory (or signatories) to the account and 2. Members should note that in the event the Credit Union agrees to stop the payment of any cheque, it will require the relevant Member(s) to sign an indemnity in the form approved by the Credit Union before request for stop payment of the cheque will be processed.