



ELECTRONIC FUNDS TRANSFER (EFT) REQUEST

SECTION 1 – ADF ACCOUNT TO BE DEBITED

Account Name:		
Member No.:	Account No. (S A/c):	Amount: \$
Reference (to appear on ADF Statement):		

SECTION 2 – ACCOUNT TO BE CREDITED

Account Name:	
BSB:	Account No.:
Reference (to appear on Client Statement):	

SECTION 3 – AUTHORISATION

Name of Authorised Person 1:	Name of Authorised Person 2:
Signature of Authorised Person 1:	Signature of Authorised Person 2:
Date: / / 20	Date: / / 20

FOR SAME DAY PROCESSING REQUESTS MUST BE RECEIVED AT THE ADF BY 1:30PM (AEST)

ADF USE ONLY

Signatures Verified:

