

EFT Payment Daily Limit Change Form

SECTION A

| | | | |
|----------------|--|----------------|--|
| CLIENT NUMBER: | | CLIENT NUMBER: | |
| CLIENT NAME: | | CLIENT NAME: | |

I hereby request that the Electronic Funds Transfer and BPAY® daily limit be increased/decreased from the Standard Daily Limit to \$ _____ per day for the following account number/s (include 'S' types)

_____ S _____, _____ S _____, _____ S _____, _____ S _____

Until further notice effective from _____ (Business Accounts Only)

OR

Effective _____ / _____ / _____

Please refer to the Electronic Access Facilities and ePayments Conditions of Use section of the Macquarie Credit Union Account & Access Facility Conditions of Use.

Please note that the Credit Union will not guarantee any recovery of loss above the amount of the Standard Electronic Funds Transfer Daily Limit applicable at the time of the claim.

DECLARATION

To be signed in accordance with the account authority

| | | | |
|------------|--|-------|--|
| SIGNATURE: | | DATE: | |
| SIGNATURE: | | DATE: | |

OFFICE USE ONLY

| | | |
|---|---|--|
| <input type="checkbox"/> ACCOUNT AUTHORITY VERIFIED | <input type="checkbox"/> LIMIT INCREASED | <input type="checkbox"/> ENSURE FORMS HELD FOR ALL ATO'S |
| <input type="checkbox"/> LIMIT RETURNED TO STANDARD (PERSONAL ACCOUNTS) | <input type="checkbox"/> LIMIT RETURNED TO \$ _____ (BUSINESS ACCOUNTS) | ACTIONED BY: _____ DATE: _____ |