

**AUTHORITY TO DEDUCT SUBSCRIPTIONS TO THE RETIRED
AND FORMER POLICE ASSOCIATION OF NSW Inc. FROM MY
POLICE BANK ACCOUNT**

*Note to Applicant - When completed please forward this form to
The Secretary,
PO Box 212 Tea Gardens NSW 2324*

OR Scan and email to secretary@retiredpolice.com.au

Name: _____ Police Bank Acct No: _____
Address: _____
Phone: _____ Mobile: _____

AUTHORITY DETAILS.

From Account: _____ Acct No. + S1, S2, S10 etc

Commencing: (Date) _____

Please pay: _____ of Each Year Thereafter, Until Further Notice.

Amount: \$ _____ per year

Payable To: _____ Retired and Former Police Association of NSW Inc.

Address of Payee: PO Box 212 Tea Gardens NSW 2324

AUTHORITY STATEMENT:

I hereby authorize the Police Bank to make the recurring payment detailed above until this authority is revoked by me and to forward such deduction to the Retired and Former Police Association of NSW Inc.

I acknowledge that this rate may be varied without reference to me in the event that notice of change is received by the Police Bank from the Retired and Former Police Association of NSW Inc.

I understand that although the Police Bank will endeavour to effect such periodical payments it accepts no responsibility to make the same and accordingly the Police Bank shall not incur any liability through any refusal or omission to make all or any of the payments or by reason of late payment or by any omission to follow any such instructions.

Signature: _____ Date: _____

OFFICE USE ONLY.

Authority No: _____ (If existing PP) Authority No: _____
(If new PP)

Checked by: _____ Processed by: _____

Operator No: _____ Date: _____ Date: _____

12 AUGUST 2026