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