

**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 201 HAWKS NEST NSW 2324*

*OR Scan and email to [secretary@retiredpolice.com.au](mailto:secretary@retiredpolice.com.au)*

Name: \_\_\_\_\_ Police Bank Acct No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**AUTHORITY DETAILS.**

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

Commencing: 1<sup>st</sup> July 2024

Please pay: On 1<sup>st</sup> July of Each Year Thereafter, Until Further Notice.

Amount: Twenty Six (\$26)per year

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

Address of Payee: P O Box 201 HAWKS NEST NSW 2324.

**AUTHORITY STATEMENT:**

I hereby authorise 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: \_\_\_\_\_

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**OFFICE USE ONLY.**

Authority No: \_\_\_\_\_ (If existing PP) Authority No: \_\_\_\_\_  
(If new PP)

Checked by: \_\_\_\_\_ Processed by: \_\_\_\_\_

Operator No: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_