SWEEP FACILITY



Name/s:		banking you can trust
Member No:		
Address:		
	State :	Postcode:
Telephone: (Busine	ss) (Home)	(Mobile)
Sweep facility ins	tructions:	
Main Account nu	mber	(e.g. S1)
Minimum balance	e to be maintained in main account	\$
	our overdraft to be used before funds he accounts listed below	(Y or N)
Funds will be swe the sequence spe	ept into your main account from the accou ecified:	unts listed below according to
Sequence	Account Name	Account Number
1		
2		
3		
4		
Signature	Signature	Date
Office Use Onl	y:	
Authority No	New Auth	ority Alteration

Laboratories Credit Union Limited

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