ARMIDALE DIOCESAN INVESTMENT GROUP

PERIODICAL PAYMENT ADJUSTMENT

PAYMENTS TO BE MADE FROM:

Account Name: _____

Account Number: _____

Increase or Decrease

New Amount: $ _____ First altered Payment Date: _____ / _____ / _____

Suspension

From _____ / _____ / _____ to _____ / _____ / _____ (inclusive)

Payments to recommence on: _____ / _____ / _____

Cancellation

Date of Last Payment: _____ / _____ / _____

Frequency

New Frequency: Weekly / Fortnightly / Monthly / Quarterly / Other .....

From: _____ / _____ / _____

Signature: _____ Date: _____ / _____ / _____

ADIG USE ONLY:

PP Number: _____ Date Cancelled: _____ / _____ / _____ Initials_____

Memo: _____ Date Cancelled: _____ / _____ / _____ Initials_____

Online: _____ Date Cancelled: _____ / _____ / _____ Initials_____

PLEASE RETURN THIS FORM TO:
1/150 Rusden St (PO Box 509) Armidale 2350 or 127a Bridge St (PO Box W619) Tamworth 2340
or Fax to 1800 817 262 or 1800 635 437