



Fiji Public Service Credit Union – Banking and M-Paisa Authorization Form
(All parts of this form are mandatory)

I (member name) being an employee of
member # contact phone number..... provide my full
authorization to have the payments made through M-Paisa for the following (please tick all appropriate
boxes):

- Withdrawal of shares
Withdrawal of Compulsory Savings
Withdrawal of Education/Christmas Savings
Payment of Loan
Exit payout
Other (please clarify)

Details for M-Paisa Number

Name of Registered M-Paisa Account Holder:
Vodafone/INKK Number for M-Paisa Payment:
Relationship to Member (if not the same person):

Incorrect deposits as a result of incorrect information provided on this form may result in funds not being recovered.
Any reversals for incorrect deposits require consent from the receiving party before funds may be reversed. I fully
understand and agree to continue with registration for M-Paisa payment for above details. (Tick v) []

Signature of Member: Date:

Official Use Only

Received By: Date:
Updated on SALS by: Date:
Original Copy Filed by: Date:
Soft Copy uploaded by: Date:

File Notes

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