



### PERSONAL LOAN FACILITY (UNSECURED) AGREEMENT VARIATION

**PARTIES:** **MEMBER NUMBER:** Error! Reference source not found.

**Member(s):** Error! Reference source not found.

**Co Borrower** or delete

**Address:** Error! Reference source not found., Error! Reference source not found., Error! Reference source not found..

**THE POLICE AND FAMILIES CREDIT UNION**, Level 11, 57 Willis Street, Wellington (**the Credit Union**)

Telephone: 0800 429 000, Fax 04 499 2006, Email: info@policecu.org.nz.

The Member has applied to the Credit Union to vary the terms of the Personal Loan Facility Agreement (the Facility) and the Credit Union has approved the variation of the Facility as set out below.

This variation will become effective upon receipt by the Credit Union of a signed and dated copy of this document.

**Facility Account:** the Members Loan Account, Account number **Error! Reference source not found.** .

#### TERMS OF THE VARIATION

EXISTING LOAN FACILITY	VARIATION DETAILS
<b>COMMENCEMENT DATE OF THE ORIGINAL FACILITY:</b> Error! Reference source not found.	
<b>DATE OF LAST VARIATION (if any):</b>	<b>COMMENCEMENT DATE:</b> Date of this advance
<b>EXISTING FACILITY AMOUNT:</b> Error! Reference source not found.	<b>NEW FACILITY AMOUNT:</b> \$
<b>EXISTING ANNUAL INTEREST RATE:</b> Error! Reference source not found. % pa variable	<b>NEW ANNUAL INTEREST RATE:</b> % pa variable
<b>EXISTING REPAYMENT TERM OF THE CONTRACT:</b> months	<b>NEW REPAYMENT TERM OF CONTRACT:</b> months
<b>EXISTING FORTNIGHTLY PAYMENTS:</b> Error! Reference source not found.	<b>NEW FORTNIGHTLY PAYMENTS:</b> \$
<b>EXISTING UNPAID BALANCE:</b> Error! Reference source not found.	<b>NEW UNPAID BALANCE:</b> \$

#### PAYMENT DATE

The New Fortnightly Payments amount will apply from the next available fortnightly pay date of the New Zealand Police after the advance is made.

#### FACILITY TERM

The term of the Facility will be 5 years from Commencement Date of the original Facility.

#### VARIATION FEE

A Loan Facility Agreement Variation fee of \$50.00 will apply, and will be capitalised to the Facility Amount drawn down.

#### MEMBER'S RIGHT TO MAKE A HARDSHIP APPLICATION

If the Member, because of illness, injury, loss of employment, the end of a relationship or any other reasonable cause is unable to meet the Member's obligations under this Agreement and reasonably expects to be able to meet those obligations if the terms were changed (for example by extending the Dates for Payment and reducing the amount of each Payment) the Member may apply to the Credit Union to agree to that change. An application must be in writing and specify the cause for the inability to meet your obligations under this Agreement.

#### SPECIAL CONDITIONS

The Redraw (top up) facility has been removed for a period of X months from date of Advance. (Delete if N/A).

The Member agrees not to enter into any additional debt obligations for a period of X months from the date of Advance (Delete if N/A).





**Salary deduction form**

Personal Detail

Membership Number : **Error! Reference source not found.**

**Error! Reference source not found. Error! Reference source not found. Error! Reference source not found.**

Work phone no.( ) \_\_\_\_\_

Home phone no.( ) \_\_\_\_\_

Deduction Details

I hereby authorise the New Zealand Police to deduct monies as indicated below from my fortnightly salary and pay the same to the Police and Families Credit union.

Account

Loan : **Error! Reference source not found. Error! Reference source not found. Error! Reference source not found.**

**Reference source not found.**

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Transactional Account	(S1)	<input type="text"/>	_____
Goal Account	(S2)	<input type="text"/>	_____
Christmas Club	(S3)	<input type="text"/>	_____
Target Saver	(S4)	<input type="text"/>	_____
Achiever Saver	(S5)	<input type="text"/>	_____
Bonus Saver	(S6)	<input type="text"/>	_____
<input type="text"/>		<input type="text"/>	_____
<input type="text"/>		<input type="text"/>	_____

Total \$ \_\_\_\_\_

Please note that any changes made to the above amounts do not affect payments made to the Police Association or Police Welfare Fund.

Declaration

Terms and conditions

I understand and acknowledge that the Police and Families Credit Union (PFCU) accepts this authority only upon the following conditions, namely:

1. The PFCU will endeavour to effect such salary deduction without any responsibility or liability for omission to request all or any deduction or for any omission to follow any such instructions. Further, the PFCU accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In this event, this authority is subject to any arrangements now or hereafter subsisting between myself and the PFCU in relation to my account.
2. The PFCU may at any time terminate this authority as to future payments by notice in writing to me.
3. This authority will remain in full force and effect notwithstanding my death, bankruptcy or any other revocation of this authority until notice of my death, bankruptcy or such revocation is received by the PFCU.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

First Pay Date (Effective Date) \_\_\_\_\_ Actioned by: \_\_\_\_\_ Date: \_\_\_\_\_