



SWITCH OF FINANCIAL INSTITUTION and ACCOUNT DETAILS

For recurring payments only

CONFIDENTIAL COMMUNICATION

This facsimile is confidential and intended only for the use of the addressee. If you have received this communication in error, please notify the financial institution from which you have received it to arrange disposal. Unauthorised use of the information in this message may result in legal proceedings against the user. Thank you.

To: _____ [Name of User] **DE User Id:** _____

(Note: Debit/Credit Users are required to verify (by signature comparison or other means) that this form has been properly authorised by the Customer before making any changes to the Customer's Direct Debit/Credit arrangements. Debit/Credit Users must contact the Customer if there is any doubt as to the Customer's authorisation.)

I/We have changed financial institutions and, as a result, my/our account details have changed. **With immediate effect**, please use the new account details provided below for my/our Direct Debit(s)/Credit(s).

My/Our Direct Debit(s)/Credit(s):

My/Our Full Account Name: _____

Lodgement Reference	Last Payment Date	Amount	Debit/Credit
<small>(These details can be found on your regular arrangements list from your old financial institution.)</small>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My/Our Old Account Details:

BSB: _____ **Account Number:** _____

My/Our New Account Details:

BSB: _____ **Account Number:** _____

Name of Financial Institution: _____

I/We confirm that I/we am/are authorised to operate the account represented by the BSB and Account Number described immediately above (My/Our New Account Details) and:

- **For Direct Debits, I/we authorise you to debit My/Our New Account Details in accordance with the terms of my/our existing Direct Debit request(s).**
- **For Direct Credits, I/we authorise you to make further payments due to me/us by crediting My/Our New Account Details.**

Customer's Signature(s): _____
(in terms of the account authority)

Date: _____ Telephone Number: _____

Financial Institution Use Only

To User Institution: _____

Date Sent: _____