

Switch of financial institutions and account details

CONFIDENTIAL COMMUNICATION

The 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 information in this message may result in legal proceedings against the user.

Please complete one per organisation / Direct Entry User (DE User)

Name of organisation / DE User	Organisation / DE User ID
<input type="text"/>	<input type="text"/>

Note: Debit/Credit Users (organisations) 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 customers 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 debits/direct credits.

My/Our direct debit(s)/direct credit(s)

Full account name

Lodgement reference <small>(these details can be found on your regular direct debits/credits list from your old financial institution)</small>	Last payment date	Amount	Debit/Credit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

My/our old account details

BSB	Account number
<input type="text"/>	<input type="text"/>

My/our new account details

Teachers Credit Union	BSB: 802 - 194
Account name	Member or account number
<input type="text"/>	<input type="text"/>

I/We confirm that I/we am/are authorised to operate the account represented by the BSB and account number described as my/our new account details and

- For **direct debits**, I/we authorise you to debit my/our new account, 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.

Customer or member signature

Customer or member signature

Date

Date

Home or work phone

FINANCIAL INSTITUTION USE ONLY	
To User institution: (User FI name)	Date sent
<input type="text"/>	<input type="text"/>