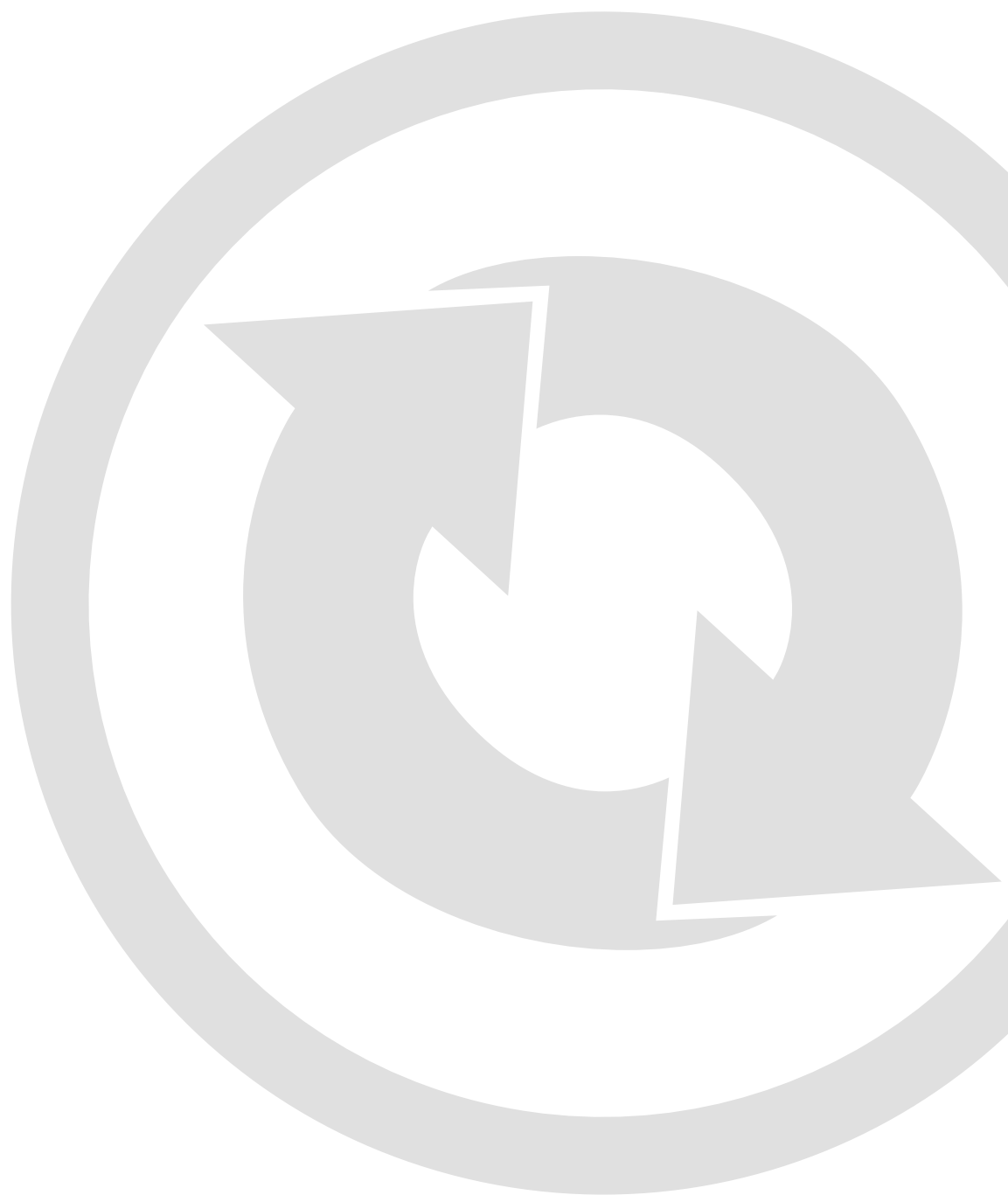


Switch to us

An easy guide for account switching



rewarding you

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**rewarding
you**

Welcome

This information pack provides you with all the tools you need to make switching from your old financial institution to your credit union easy.

Your new Teachers Credit Union account details are

BSB: 802-194

Member (or account) number:

Contact us

Call 13 12 21 8am to 7pm, weekdays or 9am to 3pm, Saturday

Visit an office

Homebush
28-38 Powell Street
Homebush NSW 2140

Rooty Hill
5 Beames Avenue
Rooty Hill NSW 2766

ACT
2/19 -27 Trenerry Street
Weston ACT 2611

WA
118 Royal Street
East Perth WA 6004

A step by step guide to account switching

1. Arrange to have your salary paid into your Teachers Credit Union account

To have your pay or income deposited to your Everyday Account:

- Teachers can use our **Directing your pay/income form** and return it to us, or
- Non teacher members, can use a **Pay or income transfer form** and send it to the organisation paying you.

2. Identify your regular payments to and from your old account

You can request a list of regular payments from your previous financial institution or you can check your statements. We recommend you review at least 13 months of transactions to ensure you pick up annual payments.

This is a great opportunity to create or adjust your budget.

Go to teacherscreditunion.com.au/budget

3. Re-establish your payments on your new account

Now you're ready to contact each organisation to update your account details.

To do this yourself - you will need to generate a **direct debit letter** or **direct credit letter** for each organisation or provider. Go to teacherscreditunion.com.au/switch to download letter templates.

We can do it for you. Simply complete a **Switch of financial institution and account details form** for each organisation or provider, sign and return all forms with a copy of your list of regular payments to *Reply paid 7501, Silverwater NSW 2128* and we will process them for you.

If you make periodical payments, use the **Authority to cancel periodical payments form** and send it to your old financial institution. Ask us how to set them up on your new account.

For other payments:

- If you have recurring payments, advise your provider or merchant of your new details.
- If you use internet banking to make payments yourself, set up your 'pay anyone' details.

4. Close your old account

Once you're sure all your regular direct debits and credits have been successfully re-established on your new account, you can close the old account with the **Authority to close account form**.

Need more forms? Photocopy them from this pack or download and print from teacherscreditunion.com.au/switch

Sample of list of regular payments

Your old financial institution can provide you with details of all the direct credits or debits from your account for the last 13 months. They can also provide a list of periodical payments, but on a separate list.

Here's an example of a typical 'list of regular direct debits and credits'

[Full name of customer]
[Address of the customer]

BSB No: XXX-XXX
Account No: XXXXXXXXX

Direct debit and direct credit arrangements for the past 13 months as at dd/mm/yyyy Page: zz9

Date Ddmmyy	DE User ID XXXXXX	Name of User XXXXXXXXXX(20)XXXXXXXX	Name of Remitter XXXXX(16)XXXXXXXX	Lodgement Reference XXXXX(18)XXXXXXXXXX	Amount zzzzz9.99
DEBITS					
120508	001244	xyz city council	xyz city council	0045235620201234	120.80
201107	051679	Telco Prepaid Plus	Telco Prepaid	04137778881107	100.00
140208	051679	Telco Prepaid Plus	Telco Prepaid	04137778880208	150.00
140807	051679	Telco Prepaid Plus	Telco Prepaid	04137778880807	100.00
CREDITS					
250508	017766	ABC Ltd	ABC payroll	005690	156.76
250508	005566	Telco Ltd	Telco dividend	56789045	256.76
*** END OF LIST ***					

→ Your direct debit arrangements are listed here.

→ Each row listed may represent a direct debit arrangement with a debiting organisation. Look for a change in columns "Name of User" or "Name of Remitter" to indicate a different debiting organisation. The "Name of User" and "Name of Remitter" will identify the debiting organisation to contact. The column "Lodgement reference" is your customer identifier (e.g your city council reference id). The column "Date" shows the last date the direct debit was made for this arrangement, expressed as ddmmyy.

→ Multiple rows with the same "Name of User" and "Name of Remitter" but a different Lodgement Reference and Date may be single debit arrangement where a different lodgement reference is used for each debit transaction.

→ Your direct credit arrangements are listed below. Identify your direct credit organisations by following the same guidelines provided for your direct debit arrangements above.

Doing it yourself - direct debit letter

Use this letter sample to contact each of your debiting organisations

[your address]

[your address]

[insert debiting organisation name & department]

[insert debiting organisation address]

[insert current date here]

Dear Sir/Madam,

Change of direct debit information for [insert your name and customer reference/policy number]

I/We have changed the financial institution account from which my/our direct debits are deducted. With immediate effect, please amend your records to make sure all future payments are deducted from my/our new account.

My/Our current account details

Financial institution:

BSB:

Account name:

Account number:

My/Our new account details

Financial institution: Teachers Credit Union

BSB: 802 -194

Account name:

Account or member number:

I/We confirm that I/we am/are authorised to operate the account represented by the BSB and Account number shown immediately above (My/Our new account details).

If you have any questions, please contact me on

Thank you for your assistance

Yours sincerely,

.....
[insert your name]

Doing it yourself - direct credit letter

Use this letter sample to contact each of your crediting organisations

[your address]
[your address]

[insert crediting organisation name & department]
[insert crediting organisation address]

[insert current date here]

Dear Sir/Madam,

Change of direct credit information for [insert your name and customer reference/policy number]

I/We have changed the financial institution account into which my direct credits are paid to. With immediate effect, please amend your records to make sure all future payments are deducted from my/our new account.

My/Our current account details

Financial institution:
BSB:
Account name:
Account number:

My/Our new account details

Financial institution: Teachers Credit Union
BSB: 802 -194
Account name:
Account or member number:

I/We confirm that I/we am/are authorised to operate the account represented by the BSB and Account number shown immediately above (My/Our new account details).

If you have any questions, please contact me on

Thank you for your assistance

Yours sincerely,

.....
[insert your name]

Directing your pay or income

Arrange it yourself by contacting the applicable organisation and quoting BSB 802-194, your member number (allocated to you when you join) and account name. Your pay or income will be deposited to an S1 Everyday Account (if you receive Centrelink payments, these payments must be organised by you). You can **complete Section B** to split your pay into various accounts.

OR **Complete Section A** of this form, return it to us and we will arrange your pay or income to be sent automatically to this account for you by contacting the applicable organisation on your behalf. **Complete Section B** below to split your money into various accounts.

A. Arrange my pay or income to Teachers Credit Union

I hereby authorise my pay or income to be sent to my account(s) at Teachers Credit Union (BSB 802-194) as follows:

Deposit **all** of my pay or income to my account(s) and/or
 Deposit **part** of my pay or income to my account(s)*. The total amount to be deposited is \$

Alter my current part payment of \$ to \$ each pay (write NIL if cancelling)

Note: Direct credits are not permitted to S9 Teachers Credit Card Accounts

I am (please tick)

permanent casual* ancillary (SASS) other

Region Southern Northern

Title Mr Mrs Ms Miss Other

First name Middle name

Surname Member no (if known)

Serial No/Pay ID/Employee no/State Super no

Employer (e.g. School/TAFE/University/Other company)

Employer's address (Region/Institute/Company address)

Suburb/Town

State

Postcode

Pay office phone

State Super Pension details

All payments remitted on my behalf pursuant to this Authority shall be deemed to be payments to me personally. This Authority is to continue until such time as it is withdrawn by me in writing.

Signature

Date

***If you work as a Casual for the Department of Education and Training your total pay can only be directed to one financial institution.**

B. Allocate my pay or income

You can complete this section without completing Section A if you are arranging your pay yourself.

Title Mr Mrs Ms Miss Other

First name Middle name

Surname Member no (if known)

Please deposit my pay or income as follows: **(to deposit all your pay or income into one account, write 'BALANCE')**

My Accounts

S1 Everyday Account \$

S1. Everyday Account \$

S1. Everyday Pension Account \$

S2 Bill Paying Account \$

S3 Online Savings Account \$

S6 Reward Saver Account \$

S10 Cash Management Account \$

S25 Christmas Savings Account \$

S55 Edvest Cash Management Account \$

Other (please specify) \$

OFFICE USE

Allocate to L Account*

Personal loan agreed repayment[^] \$
 Extra repayment[>] \$
 Total \$

Home loan agreed repayment[^] \$
 Extra repayment[>] \$
 Total \$

To another member's account:

Member no \$ \$

Name

Member no \$ \$

Name

Note: Direct credits are not permitted to S9 Teachers Credit Card Accounts

Casuals working for the Department of Education and Training cannot allocate their pay to Loan Accounts.

[^] This is the agreed loan repayment as set out in your loan contract

[>] This extra repayment is an optional amount and will be added to your agreed repayment.

Signature

Date

Please return this form

By mail to: Teachers Credit Union, Reply Paid 7501, Silverwater NSW 2128

By fax to: (02) 9704 8203

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Non teachers pay/income transfer form

Organisation details

Name of organisation

Address

Unit/Floor/Street no

Street

Suburb/Town

State

Postcode

Your details

Full name

Employee number

Address

Unit/Floor/Street no

Street

Suburb/Town

State

Postcode

I am writing to advise that from / / I authorise you to change the account my pay/income is currently credited to as below:

New account details

First account holders full name

Joint account holders full name

BSB

8	0	2	1	9	4
---	---	---	---	---	---

Account number

--	--	--	--	--	--	--	--	--	--

Amount

\$. cents

Signature

Date

 / /

Full name

Please send this form directly to the organisation paying you

This page has been left blank intentionally

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

Date

Home or work phone

Customer or member signature

Date

FINANCIAL INSTITUTION USE ONLY

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

This page has been left blank intentionally

Authority to cancel periodical payments

Financial Institution details

Name of financial institution

Address

Unit/Floor/Street no

Street

Suburb/Town

State

Postcode

Instructions

I/We am/are writing to advise that I/we authorise and direct you to cancel the periodical payments described below

from / / until further notice.

First account holders full name

Joint account holders full name

BSB

--	--	--	--	--	--	--	--	--	--

Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Description of payment type

Amount

.

cents

First account holders signature

Date

Joint account holders signature

Date

Please send this form directly to the financial institution you are cancelling the periodical payments from

This page has been left blank intentionally

Authority to close account

Financial institution details

Name of financial institution

Address

Unit/Floor/Street no

Street

Suburb/Town

State

Postcode

Instructions

I/We authorise and direct you to close my/our account described below from

First account holders full name

Joint account holders full name

BSB

--	--	--	--	--	--	--	--	--	--

Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please send a cheque for the account balance to:

Teachers Credit Union

PO Box 7501

Silverwater NSW 2128

with the following reference: _____

(Teachers Credit Union Member or Account No.)

First account holders signature

Date


Joint account holders signature

Date

Please send this form directly to the financial institution you are closing the account with


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Contact us

 **13 12 21** 8am to 7pm, weekdays
or 9am to 3pm, Saturday

 enquiry@teacherscreditunion.com.au

 teacherscreditunion.com.au

 Our offices, 9am to 5pm, weekdays

28-38 Powell Street Homebush NSW 2140

5 Beames Avenue Rooty Hill NSW 2766

2/19-27 Trenerry Street Weston ACT 2611


118 Royal Street East Perth WA 6004

 PO Box 7501 Silverwater NSW 2128

PO Box 77 Mount Druitt NSW 2770

PO Box 3628 Weston ACT 2611

PO Box 6145 East Perth WA 6892

 Phone banking:
13 21 40, 24 hours a day, 7 days a week

 802-194



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Teachers Credit Union, a trading division of NSW Teachers Credit Union Ltd. ABN 30 087 650 459 AFSL No 238981 **W:** teacherscreditunion.com.au **T:** 13 12 21
