

Electronic deposit alteration request

Member's details

First account holder

Member no

Contact phone no

Title

Given names

Surname

Residential address

Postcode

Joint account holder (if applicable)

Title

Given names

Surname

Residential address

Postcode

Details of the financial institution from which the Electronic deposit is to be made

BSB no

Bank

Branch

Account name

Account no

Please alter Electronic deposit instructions as follows - tick appropriate box

- Cancel payment and Electronic deposit authority from / /
(A new Electronic deposit authority form will be required prior to accessing this service again by internet or phone banking)
- Cancel the Electronic deposit but not the authority from / /
(This will allow payments to be sent using internet or phone banking in the future)
- Change the next Electronic deposit date to / / and then revert to original instructions on / /
- Change Electronic deposit date to commence on / / and continue at current frequency for all future payments
- Change frequency of Electronic deposit to one off weekly fortnightly monthly four weekly
 two monthly quarterly half yearly yearly
- Change amount of Electronic deposit from \$ to \$

Refer to our Fees and charges brochure for details on fees and charges.

All persons named on the account held at the other financial institution shown above must sign below.

Signature

Date

Signature (second named on your other financial institution account)

Date

Please return this form:

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

By fax to: (02) 9704 8205