



Switch of Financial Institution and Account Details

Police Credit Union incorporating Customs Credit Union.

For recurring payments only

CONFIDENTIAL COMMUNICATION

This form 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.

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 Member before making any changes to the Member's Direct Debit/Credit arrangements. Direct Debit/Credit Users must contact the Member if there is any doubt as to the Member'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)

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>			
<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

My/Our New Account Details

BSB 815 - 000 Member Number

Name of Financial Institution **The Police Department Employees' Credit Union Limited**

I/We confirm that I/We am/are authorised to operate the account represented by the BSB and the 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.

Member's Signature(s) x x
(in terms of the account authority)

Date Telephone Number

Financial Institution Use Only

To User Institution [User FI Name]

Date Sent / /