Switch of Regular Payments Arrangements

Primary Member's signature

Date ______



bcu is a division of Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701 PO Box 1563, Coffs Harbour, NSW 2450 **T** 1300 228 228 | **W** bcu.com.au

MEMBER DETAILS **Primary Member Secondary Member** Member number _____ Member number _____ Title _____ Surname _____ Title _____ Surname _____ Given name/s _____ Given name/s _____ Note: if this is a joint account please provide all member details and signatures. **SCHEDULE** Details of account/s held with _____ BSB & ACCOUNT NUMBER ACCOUNT NAME ACCOUNT AUTHORITY/IES **AUTHORITY** I/We consent to _____ compiling a Regular Payments List showing regular payments from my/our account/s as described in the Schedule, and disclosing the list to bcu. I/We consent to bcu obtaining the Regular Payments List for the account/s described in the Schedule. I/We understand and acknowledge that: The Regular Payments List contains my/our personal information I am/we are authorised to operate the account/s described in the Schedule, and The accounts listed are personal accounts held in my/our name/s. X

Secondary Member's signature

Date _____