

Transfer Request



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

Member number _____ Account number to be debited _____
Title _____ Surname _____ Given name/s _____

PAYMENT DETAILS

Amount (figures) \$

Amount (words) \$ _____

Payment date _____

One-off transfer or Recurring transfer

Daily Weekly Fortnightly Monthly Until (date) _____ or I will notify at a later date

RECIPIENT DETAILS

Internal Account External Account BPAY™

Recipient name _____

Payment Reference / message (optional) _____

BSB _____ Account number _____

Biller Code _____ Reference number _____

Purpose of transfer _____

AUTHORITY & ACKNOWLEDGEMENT

Warning: We will not cross check the Account Name and Account Number provided. It is your responsibility to check that the BSB and account number are correct, or your transfer / payment may be unsuccessful or paid to the wrong account and it may not be possible to recover your money

I have checked and confirm that the account details provided above are correct

It is acknowledged that bcu accepts no liability for any delay, mistake or omission which may occur in its transmission, or misinterpretation when received, or failure to identify the payee. Stop payments, enquiries or investigations requested by the member may be subject to additional fees and can be made by contacting bcu on 1300 228 228 or at the branch where this transaction occurred.

I agree to the terms of bcu's Privacy Policy and where I have provided personal information about another person (such as a beneficiary), I have made them aware of that fact. A full copy of bcu's Privacy Policy is available via our website.

I acknowledge and agree for any fees incurred with this transaction to be debited to the account number above. I understand if an RTGS request is received after processing cut off times (1pm, 12pm during AEST daylight savings), the payment will be processed the following business day.

I hereby authorise bcu to process this transaction on my behalf and I fully understand and agree to the above.

Date _____

Signature

Date _____

Signature

OFFICE USE ONLY

Officer _____ Operator # _____ Date _____

Method of Operation Checked

Identification No./Exp _____