

# Switch of Financial Institution & Account Details

## (for recurring payments only)



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### CONFIDENTIAL COMMUNICATION

This is confidential and intended only for the use of the addressee. If you have received this communication in error, please notify the 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 \_\_\_\_\_

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/credits.

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. Debit/Credit users must contact the member if there is any doubt as to the member's authorisation.

### MY/OUR DIRECT DEBITS/CREDITS

My/Our full account name \_\_\_\_\_

Lodgement reference	Last payment	Amount	Debit/Credit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### ACCOUNT DETAILS

My/Our old account details:

BSB \_\_\_\_\_ Account number \_\_\_\_\_

My/Our new account details:

BSB \_\_\_\_\_ Account number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

### AUTHORITY

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

Primary signature

Name \_\_\_\_\_

Date \_\_\_\_\_

Telephone number \_\_\_\_\_

Secondary signature

Name \_\_\_\_\_

Date \_\_\_\_\_

Telephone number \_\_\_\_\_

### OFFICE USE ONLY

To user institution (FI name) \_\_\_\_\_ Date \_\_\_\_\_