

APPLICATION FOR CHANGE OF ACCOUNT TYPE



BCU Bank 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 _____
Surname _____	Surname _____
Given name/s _____	Given name/s _____

CHANGE OF ACCOUNT TYPE

Please transfer balance of account and all eligible services. (Note: the following services are not available with all account types: overdraft, card access, direct debit and auto transfer. Those facilities that are not available will be closed.)

From: Account number _____ Description _____ **To:** Description _____

If this request to change account type is as a result of the closure of a Mortgage Offset Account, the new account type must be a Transactional Savings Account, not a Special Purpose Account. If no account type is selected, we will automatically transfer your current account to an Access Account and any ineligible services will be closed.

OVERDRAFT CANCELLATION REQUEST

☐ I/We request you cancel the Line of Credit of \$ _____

SIGNATURE VERIFICATION

I/We accept the Terms & Conditions of the new account type as requested above.

I/We acknowledge that only eligible facilities will be transferred to my new account type.

If cancelling an unsecured overdraft facility, I/We acknowledge that I/We am liable for the balance remaining and will maintain current repayment arrangements until the debt is repaid in full.

<div>X</div> <div>Primary member's signature</div> <div>Name _____</div> <div>Date _____</div>	<div>X</div> <div>Secondary member's signature</div> <div>Name _____</div> <div>Date _____</div>
------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

OFFICE USE ONLY

Please view the current account attributes to determine which facilities are eligible to be transferred and which facilities must be closed. Please obtain all supporting facility closure documents.

	Member Advised	Closure form obtained	Converted	Closed
Overdraft payout figure has been checked for the day of closing and quoted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct debits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Always answer "YES" to the Phoenix questions #4598 and #1611 in relation to the new class values and pending charges.

Disclosure documents

☐ Savings Account and Account Access Channels T&Cs

☐ Fees & Charges

☐ Savings and Transaction Account Interest Rates

Method of disclosure to the member ☐ handed ☐ posted ☐ emailed

Officer _____ Operator no. _____ Signature _____ Date _____

☐ Transfer complete