

# TRANSFER REQUEST



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

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

## SINGLE PAYMENT/TRANSFER

Amount (figures) \$  Purpose \_\_\_\_\_

Amount (words) \_\_\_\_\_

Payment date \_\_\_\_\_  Recurring transfer  
 Daily  Weekly  Fortnightly  Monthly Until (date) \_\_\_\_\_ or  I will notify at a later date

## RECIPIENT DETAILS

Internal Account  External Account  BPAY™  RTGS Required

Recipient name \_\_\_\_\_

Payment Reference / message (optional) \_\_\_\_\_

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

Bill Code \_\_\_\_\_ Reference number \_\_\_\_\_

## MULTIPLE TRANSFERS

Amount	Purpose	BSB	Account Number	Recipient Name	Payment Reference
Amount (words) _____					
Amount (words) _____					
Amount (words) _____					
Amount (words) _____					

## AUTHORITY & ACKNOWLEDGEMENT

Warning: 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 from the unintended recipient. If the recipient Bank does not match account names and identifiers to process payments, the names and identifiers will not be matched, verified or checked.

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

It is acknowledged that BCU Bank 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 Bank on 1300 228 228 or at the branch where this transaction occurred.

I agree to the terms of BCU Bank'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 Bank'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 Bank to process this transaction on my behalf and I fully understand and agree to the above.

Signature

Date \_\_\_\_\_

Signature

Date \_\_\_\_\_

## OFFICE USE ONLY

Officer \_\_\_\_\_ Operator # \_\_\_\_\_ Date \_\_\_\_\_

Method of Operation Checked  Identification No./Exp \_\_\_\_\_