

Switch of financial institutions and account details

CONFIDENTIAL COMMUNICATION

The contents of this form are confidential and intended only for the use of the addressee. If you have received this communication in error, please notify Illawarra Credit Union to arrange disposal. Unauthorised use of information in this message may result in legal proceedings against the user.

Please complete one form per organisation

Name of organisation

Note: Organisations are required to verify (by signature comparison or other means) that this form has been properly authorised by the Customer before making any changes to the Customer's direct debit/credit arrangements. Organisations should contact the Customer if there is any doubt as to the Customer's authorisation.

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/direct credits.

My/Our direct debit(s) / direct credit(s)	
Full account name	
Lodgement reference (These details can be found on your regular payments list from your old financ	Last payment date Amount Debit/Credit
My/Our old account details	
BSB Account number	
My/Our new account details	
Illawarra Credit Union BSB: 802 249	Account surplier
Account name	Account number
I/we confirm that I am/we are authorised to operate the account with the BSB and account number identified above as my/our new account.	
For direct debits , I/we authorise you to debit my/our new account in accordance with the terms of my/our existing direct debit request(s).	
For direct credits , I/we authorise you to make further payments by crediting my/our new account.	
For an electricated, if we dutifolise you to make further payments by creating my our new decount.	
Member signature	Member signature
Date	Date
Contact number	
FINANCIAL INSTITUTION USE ONLY	
	Date sent
To User institution (User FI name)	Date sent