Switch of regular payments authority



By completing this form you are agreeing for Teachers Mutual Bank to act on your behalf to obtain a regular payments list being paid from your personal account/s at another financial institution(s). The list will include all of your regular debits and credits that you have organised with a 3rd party from your account. Any payments that you have organised yourself; such as periodical payments, recurring or pay anyone payments, will need to be re-set by you within internet banking or call 13 12 21.

Note: Please provide a separate form for each financial institution that a regular payments list(s) is required for.

Title Mr Mrs Ms Other			Member no.			
First names			Surname			
Street no. & name						
Suburb			State		Postcode	
Postal address (if different from above)						
Suburb		State			Postcode	
Home phone	Work phone			Mobile phone		
Email						
What account(s) would you like a	ı regular paym	ent	s list for?			
Financial institution						
BSB Account no						
Account name			Account signatory(ies)			
I/We consent for a regular payments list to be of I/We understand and acknowledge that: - the regular payment list contains my/our personal are authorised to operate the accounties the accounties the accounts held are personal accounts held are personal accounts held are understand that Teachers Mutual Bank wild be and direct credit payment arrangements.	onal information; t described above, a d in my/our name(s). I provide me/us with	nd		review pr	ior to establish	ing new regular direct
Signature of first account holder			Signature of second account holder			
Signature	Date		Signature			Date
			Returning this fo	rm		
			Teachers Mutu	ıal Bank, R	eply Paid 7501,	Silverwater NSW 21

(02) 9704 8203

paymentservices@tmbl.com.au

Operator no

Date actioned

Sig verified by