

Electronic deposit alteration

What are your personal details?

First account holder

Title Mr Mrs Ms Miss Other Member no.

First names Surname

Street no. & name

Suburb State Postcode

Home phone Work phone Mobile phone

Email

Second account holder

Title Mr Mrs Ms Miss Other Member no.

First names Surname

Street no. & name

Suburb State Postcode

Home phone Work phone Mobile phone

Email

What alteration do you need?

What are the details of the financial institution from which the electronic deposit is to be made?

BSB no Bank Branch

Account name Account no. Date to make change from

Please alter the electronic deposit as follows (tick one):

- Cancel payment and electronic deposit authority. (A new electronic deposit authority form will be required prior to accessing this service again by internet or phone banking)
- Cancel the electronic deposit but not the authority. (This will allow payments to be sent using internet or phone banking in the future)
- Change electronic deposit date to commence on date provided above and continue at current frequency for all future payments
- Change the next electronic deposit date to date shown above and then revert to original instructions on
- Change frequency of electronic deposit to: one off
 weekly fortnightly monthly four weekly
 two monthly quarterly half yearly weekly
- Change amount of electronic deposit from \$ to \$

Please sign below in black pen only

All persons named on the account held at the other financial institution shown above must sign below.

Refer to the Fees and charges brochure for details on fees and charges.

First account holder

Signature Date

Second account holder

Signature Date

Office use only


Member no



Operator no

Date actioned

Sig verified by

Returning this form

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