

Account Transfer Request

SECTION A: ACCOUNT DETAILS

ACCOUNT NAME:			
ACCOUNT NUMBER:			
ADDRESS:			
	Suburb:	State:	Postcode:
BANK NAME:			
BSB NUMBER:		BRANCH:	

SECTION B: DECLARATION

Instructions for completion

I/We request you to transfer my/our account/s titled above, to the Macquarie Credit Union Limited.

Please forward any documentation in regards to this matter to the address stated above, including security/safe custody packets you may hold on my/our behalf.

I/We also request that you advise details of any Authorities which are to continue in present form.

Macquarie Credit Union Limited – 802 126

NEW MEMBER NUMBER:	
NAME:	
SIGNATURE:	
DATE:	

NAME:	
SIGNATURE:	
DATE:	