

# Switch of Regular Payments Notice of Variation

By completing this form you are agreeing for Macquarie Credit Union to act on your behalf to use the new account details provided below for all of your direct debits and direct credits, with immediate effect.

Using the regular payments list(s) supplied to you with this form as reference, please complete the list of direct debits/credits to be transferred to the new account and also the list of direct debits/credits to be cancelled overleaf. If you require assistance call us on 1300 885 480. Note: You will need to provide a separate form for each bank account for which a regular payments list has been provided.

## SECTION A: WHAT ARE YOUR PERSONAL DETAILS?

MEMBER NUMBER:					
TITLE: (please tick)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
FIRST NAMES:			SURNAME:		
STREET NO. & NAME:					
	Suburb:	State:	Postcode:		
POSTAL ADDRESS:					
(if different from above)	Suburb:	State:	Postcode:		
PHONE:	Mobile:	Home:	Work:		
EMAIL:					

## SECTION B: WHAT ARE YOUR ACCOUNT DETAILS?

### Old Account Details

FINANCIAL INSTITUTION:			
BSB NUMBER:		ACCOUNT NUMBER:	
ACCOUNT NAME:		ACCOUNT SIGNATORY(ies):	

### New Account Details

FINANCIAL INSTITUTION:			
BSB NUMBER:		ACCOUNT NUMBER:	
ACCOUNT NAME:		ACCOUNT SIGNATORY(ies):	

## SECTION C: ACKNOWLEDGEMENT

- I/We confirm that I am/we are authorised to operate the account represented by the BSB and account number shown immediately above.
- I/we have changed to a new financial institution and as a result my/our account details have changed.
- I/We authorise Macquarie Credit Union to notify each organisation listed overleaf, via the processing financial institution where applicable, to update my/our changed account details on my/our behalf.
- I/We acknowledge that this notice will change the account details set out in my/our direct debit and direct credit arrangements with them. The other terms of my/our original direct debit and direct credit arrangements will not be affected.
- I/We instruct each Debit User and Credit User with immediate effect to use the new account details provided above for my/our direct debits/direct credits.

Please sign below in black pen only.

### Signature of first account holder:

SIGNATURE:		
DATE:		

### Signature of second account holder:

SIGNATURE:		
DATE:		

## NOTICE: FOR THE PROCESSING FINANCIAL INSTITUTION

### PLEASE ACTION PROMPTLY

Please contact the customer directly if you require verification of this request or more information. These changes take effect from the date of receipt, subject to the expiry of any notice period which may apply to amendments to the terms of the customer's arrangement with your organisation.

## SECTION D: PLEASE LIST THE DIRECT DEBITS/CREDITS TO BE TRANSFERRED TO THE NEW ACCOUNT

Note: You will find your Customer ID (billing, contract or policy no.) on documentation you will have received from the remitter (the company authorised to direct debit or direct credit your account).

Last Payment Date	DE User ID	Name of Remitter	Lodgement Reference	Amount	Customer ID (billing contract or policy no.)
eg 230312	001234	Company Dividend	001122334455	\$37.24	X123456789

## SECTION E: PLEASE LIST THE DIRECT DEBITS/CREDITS TO BE CANCELLED

Note: You will find your Customer ID (billing, contract or policy no.) on documentation you will have received from the remitter (the company authorised to direct debit or direct credit your account).

Last Payment Date	DE User ID	Name of Remitter	Lodgement Reference	Amount	Customer ID (billing contract or policy no.)
eg 230312	001234	Company Dividend	001122334455	\$37.24	X123456789

## SECTION F: RETURNING THIS FORM

MAIL: PO Box 1618, Dubbo NSW 2830  
FAX: (02) 6882 6909  
EMAIL: info@macquariecu.com.au