



# SWITCH OF FINANCIAL INSTITUTION AND ACCOUNT DETAILS

For recurring payments only

**CONFIDENTIAL COMMUNICATION**  
 This facsimile is confidential and intended only for the use of the addressee.  
 If you have received this communication in error, please notify the financial institution from which you have received it to arrange disposal. Unauthorised use of the information in this message may result in legal proceedings against the user. Thank you.

To:  (name of User) **DE User ID:**

*(Note: Debit/Credit Users 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. Debit/Credit Users must 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):** ↗

My/Our Full Account Name:

Lodgement Reference:	Last Payment Date:	Amount:	Debit/Credit: (Debit/Credit)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*(These details can be found on your regular arrangements list from your old financial institution)*

**My/Our OLD Account details:** ↗

**BSB:**  **Account Number:**

**My/Our NEW Account details:** ↗

**BSB:**  **Account Number:**

**Financial Institution: Auswide Bank Ltd**

I/We confirm that I/we am/are authorised to operate the account represented by the BSB and Account Number described immediately above (My/Our New Account Details) and:

- For Direct Debits, I/we authorise you to debit My/Our New Account Details, in accordance with the terms of my/our existing Direct Debit Request(s).
- For Direct Credits, I/we authorise you to make further payments due to me/us by crediting My/Our New Account Details.

**Accountholder Signature(s):** ↗  
*(in terms of the account authority)*

Date:  Telephone No.:

**Internal use only**  
 To User Institute:  (user FI Name) Date Sent: