

Switch of Regular Payment Arrangements Form

Australian Unity Banking

Please use **BLOCK** letters and a black or blue pen to complete this Application Form.

Please make sure that all questions are answered. Please indicate using an 'X' where appropriate. If a section does not apply to you, please indicate using 'N/A'.

Step 1 Customer details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Surname	<input type="text"/>
Given name(s)	<input type="text"/>

Joint Customer Details (if applicable)

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Surname	<input type="text"/>
Given name(s)	<input type="text"/>

Step 2 Schedule (details of accounts held with other Financial Institutions)

Account 1

Bank Name	<input type="text"/>	Branch	<input type="text"/>
Branch Number (BSB)	<input type="text"/>	Account Number	<input type="text"/>
Name/s on Account	<input type="text"/>		
Account Authority/ies	<input type="text"/>		

Account 2

Bank Name	<input type="text"/>	Branch	<input type="text"/>
Branch Number (BSB)	<input type="text"/>	Account Number	<input type="text"/>
Name/s on Account	<input type="text"/>		
Account Authority/ies	<input type="text"/>		

Account 3

Bank Name	<input type="text"/>	Branch	<input type="text"/>
Branch Number (BSB)	<input type="text"/>	Account Number	<input type="text"/>
Name/s on Account	<input type="text"/>		
Account Authority/ies	<input type="text"/>		

Account 4

Bank Name	<input type="text"/>	Branch	<input type="text"/>
Branch Number (BSB)	<input type="text"/>	Account Number	<input type="text"/>
Name/s on Account	<input type="text"/>		
Account Authority/ies	<input type="text"/>		

Step 3 Customer request and authority to disclose Regular Payments List

I/We consent to Australian Unity obtaining a Regular Payments List from my/our other Financial Institution showing regular payments to and from my/our account(s) held with my/our other Financial Institution described in the Schedule.

I/We consent to my/our other Financial Institution compiling a Regular Payments List for the account(s) described in the Schedule, and disclosing the list to Australian Unity.

I/We understand and acknowledge that:

1. the Regular Payments List contains my/our personal information;
2. I am/we are authorised to operate the accounts described in the Schedule; and
3. the accounts listed are personal accounts held in my/our name(s).

Customer signature

X

Name

Date

D

D

 /

M

M

 /

Y

Y

Y

Y

Joint customer signature

X

Name

Date

D

D

 /

M

M

 /

Y

Y

Y

Y



Return by email

bankingsupport@australianunity.com.au



Post

Australian Unity
GPO Box 1801, Melbourne VIC 3001
(No stamp required if mailed within Australia)

Contact us

1300 790 740
australianunity.com.au