

Request for Real Time Gross Settlement (RTGS) 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"/>			
Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	Street number <input type="text"/>
Street name	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	
Postcode	<input type="text"/>	Country (if not Australia)	<input type="text"/>	
Customer Number	<input type="text"/>	Account (i.e. S39)	<input type="text"/>	
Phone	<input type="text"/>	Mobile	<input type="text"/>	
Email	<input type="text"/>			

Step 2 Payee Details

Bank Name	<input type="text"/>	Branch	<input type="text"/>
Branch Number (BSB)	<input type="text"/>	Account Number	<input type="text"/>
Account Name	<input type="text"/>		
Amount to be transferred	\$	<input type="text"/>	.
Fee	\$	<input type="text"/>	30.00
Beneficiary (Payee) Name	<input type="text"/>		
Payment Details (Optional)	<input type="text"/>		

Terms and Conditions

Australian Unity will not be responsible for any delays in transmission or payment however caused and accepts no liability for any loss whatsoever for any such delays. Australian Unity further accepts no responsibility for any loss or delay due to:

- Incorrect instructions
- Errors or omissions caused by its agents, other banks or third parties involved in this transmission of funds.

A RTGS must be paid from cleared funds; this request will not be carried out unless there are available funds in your account. All RTGS requests must be received by Australian Unity before 3:30pm (AEST) to allow time for it to be processed that day.

Step 3 Declaration and Signature

I/We agree to these terms and conditions and authorise Australian Unity to deduct the above payment from my/our account together with any costs incurred.

Customer 1 signature

Name

Dated the //

Customer 2 signature

Name

Dated the //

Office Use Only

Date ordered

Bank reference

Ordered by CU Officer


Total Fee Amount



Total AUD Amount


Journal Completed by

Checked by

Contact us

 Australian Unity
GPO Box 1801, Melbourne VIC 3001

 australianunity.com.au
 bankingsupport@australianunity.com.au

 1300 790 740