

Account Switching Instructions

						Wittening matractions			
My/Our Nev	w Accoun	t Details							
Financial Instit	cution	Northern Inl	and Credit Union Limited	d	BSB	802298			
Account Name/s				Acco	Account No				
1. Regular Pa	yments L	ist Request a	nd Authority						
I/we consent to NICU obtaining a Regular Payments List showing regular payments to and from my/our account/s held with the Financial Institution shown in the Schedule below.									
Please Note: the Regular Payments List may also include Periodic Payments which are payments that have been established by your Financial Institution at your request or by yourself using online banking. These payments can be re-established for you by NICU. The Account Switch service is not able to be used to re-establish cancelled or stopped direct debits.									
	I/we consent to the Financial Institution compiling a Regular Payments List for the account/s shown in the Schedule below and disclosing the list to NICU.								
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 above; and 3. The accounts listed are personal accounts held in my/our name/s									
Schedule of	Accounts	held with	(old FI)	(old FI)					
BSB	Account	Number	Account Name/s		Account Si	igning Authority			
2 Notice of V	Variation	of Account D	Details (Schedule A overl	eaf)					
2. Notice of Variation of Account Details (Schedule A overleaf) I/We have switched financial institutions and as a result my/our account details for the purposes of Direct Debits and Direct									
Credits, have changed. I/We authorise NICU to notify each Debit User and Credit User listed in the attached schedules, through its Sponsor or User FI, as the case may be, of my/our changed account details.									
I/we acknowledge that provision of this Notice, together with the Schedule attached, to each such Debit User or Credit User will change the account details set out in my/our direct debit arrangements and direct credit arrangements with them. The other terms of my/our original Direct Debit Request and Direct Credit arrangements are not affected.									
I/We instruct each such Debit User and Credit User, with immediate effect , to use the BSB and Account Number shown in "My/Our New NICU Account Details" above for my/our Direct Debits /Direct Credits.									
Switch all my/our Direct Debit and Credit payments to my /our NICU account listed above									
Send my/our Regular Payments List to me/us by Email or Post									
3. Direct Debit Cancellation (Schedule B overleaf) I/We wish to cancel my/our Direct Debits and/or Direct Credits as shown in the attached schedule.									
Authorised Account Owner/s									
Member Name				Member Name					
Signature			Signature						
Date				Date					
Contact Telephone Number				Contact Email					

Schedule A: Direct Debits/Credits to be directed to my/our new account at NICU

Last Payment Date	DE User ID	Name of Remitter	Lodgement Reference	Amount	Customer ID (billing, contract or policy no)	Sponsor/User Financial Institution
eg 120312	1234	ABC Remitter	1122334455	\$123.45	X987654321	

Schedule B: Direct Debits/Credits to be cancelled

Last Payment Date	DE User ID	Name of Remitter	Lodgement Reference	Amount	Customer ID (billing, contract or policy no)	Sponsor/User Financial Institution
eg 120312	1234	ABC Remitter	1122334455	\$123.45	X987654321	

Office Use Only				Comments:
☐ Signature Verified	Init	Ор	Date	Send to S/O Admin
☐ Payment List Requested	Init	Op	Date	
☐ Payment List Received	Init	Ор	Date	
☐ DD/DC New A/c notification/s	Init	Op	Date	
□ DD/DC Cancellation/s	Init	Op	Date	
☐ Member advised	Init	Ор	Date	