Switch of regular payments authority



By completing this form you are agreeing for us to act on your behalf to obtain a regular payments list being paid from your personal account/s at another financial institution(s). The list will include all of your regular debits and credits that you have organised with a 3rd party from your account. Any payments that you have organised yourself; such as periodical payments, recurring or pay anyone payments, will need to be re-set by you within internet banking or call **1800 800 225**.

Note: Please provide a separate form for each financial institution that a regular payments list(s) is required for.

What are your personal details?

Title Mr Mrs Ms Other		Member no.							
First names		Surname							
Street no. & name									
Suburb	State		Postcode						
Postal address (if different from above)									
Suburb	State		Postcode						
Home phone	Work phone	Mobile pl	hone						
Email									

What account(s) would you like a regular payments list for?

Financi	al instit	ution								
BSB				Account no	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	9 		
Accour	nt name	è						Acc	ount	signator

Please sign below in black pen only

I/We consent for a regular payments list to be disclosed to the Bank. I/We understand and acknowledge that:

- the regular payment list contains my/our personal information;

- I am/we are authorised to operate the account described above, and

- the accounts listed are personal accounts held in my/our name(s).

I/We understand that the Bank will provide me/us with the regular payments list for review prior to establishing new regular direct debit and direct credit payment arrangements.

Signature of first account holder

Date

Signature of second account holder

Signature

Date

Ø	Member no		Retu	eturning this form			
Office us only	Operator no			Firefighters Mutual Bank Reply Paid 7501 Silverwater NSW 2128			
	Date actioned Sig verified by		FAX	(02) 9735 9227	0	contactus@fmbank.com.au	