

Fax to 1300 132 755.

## 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/Direct 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
	/ /		
	/ /		
	/ /		
	/ /		

(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

         

Name of Financial Institution

- 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.
- Other than the details of change set out in this form, all other aspects of our existing Direct Debit/Direct Credit arrangement remain unchanged.
- The role of BankSA in this variation is merely to pass on my/our instruction to the Direct Entry User and it's Financial Institution and I/we will not hold it liable for any loss however incurred if the change in Direct Debit/Direct Credit is not effected in accordance with my/our instruction. It is my/our responsibility to ensure that the Direct Entry User and its financial institution is debiting from or crediting to the right account.

Customer's signature (in terms of the account authority)

Customer's signature (in terms of the account authority)

Date

 /  / 

Date

 /  / 

Telephone Number

## FINANCIAL INSTITUTION USE ONLY

To User Institution (User FI Name)

Date Sent

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