

1. Account Details

Please complete both boxes below or at least one where both are not known.

Internet/Phone Banking Access Card number

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Date

	/		/	
--	---	--	---	--

Express Saver Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 New Auto Savings Plan Request Amended Instruction Cancellation**2a. Applicant 1 (account owner)**

Full Name (including title and first and second names)

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Home Address (include State and Postcode. If non-resident, state overseas address) (No PO Box allowed)

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Home Telephone

()

Business Telephone

()

Password (six characters)

--	--	--	--	--	--

email address

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2b. Applicant 2 (account owner)

Full Name (including title and first and second names)

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Home Address (include State and Postcode. If non-resident, state overseas address) (No PO Box allowed)

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Home Telephone

()

Business Telephone

()

Password (six characters)

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email address

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3. New Request - Available to BankSA Account Holders only

If you would like a fixed amount automatically transferred into your Express Saver account from your BankSA account on a regular basis, please complete details below:

Details of Banks SA Account to Debit

Account Holder(s) Name(s)

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Debit BankSA Account No.

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Frequency (Please allow six business days for this authority to take effect) Weekly Fortnightly Monthly

Amount \$

Start Date

	/		/	
--	---	--	---	--

4. Amended Auto Savings Plan Instructions**Type of Amendment** Frequency Amount Date Debit Details**Existing Auto Savings Plan Details**

Account Holder(s) Name(s)

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Debit BankSA Account No.

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BSB Number

				-					
--	--	--	--	---	--	--	--	--	--

Start Date

	/		/				/		/	
--	---	--	---	--	--	--	---	--	---	--

End Date

	/		/	
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 Until further notice

Amount \$

New Auto Savings Plan Details

BankSA Account Name

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Debit BankSA Account No.

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BSB Number

				-					
--	--	--	--	---	--	--	--	--	--

Start Date

	/		/				/		/	
--	---	--	---	--	--	--	---	--	---	--

End Date

	/		/	
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 Until further notice

Amount \$

*to be signed in accordance with the authority held on the account to be debited.

5. Request to cancel Auto Savings Plan I wish to cancel my Auto Savings Plan from my BankSA account to my Express Saver Account.
(Must be signed in accordance with the Authority held on the account to be debited.)**Fax to (02) 9995 8158 or take to your nearest branch.**

Authority

In accordance with the Express Saver account terms and conditions, I direct and authorise BankSA – A Division of Westpac Banking Corporation to act on the instructions I give above. BankSA may continue to act on the instructions until BankSA receives written notice of my death or bankruptcy or that I cancel the authority or BankSA cancels the authority.

I have read and understood the Privacy Statement and I consent to the collection, use and disclosure of personal information in accordance with the Privacy Statement.

Signature 1*

Signature 2*

Privacy Statement

- The personal information we collect on this form will be used to process your application. If you do not provide the information we request, we may need to reject your application or may no longer be able to provide a product or service to you.
- We may disclose your personal information to other members of the Westpac Group, anyone we engage to do something on our behalf, rewards program administrators and other organisations that assist us with our business.
- We will handle your personal information in accordance with our Privacy Policy and, where applicable, EU Data Protection Policy both available at banksa.com.au or by calling 13 13 76.

"We", "our", "us" means BankSA - A Division of Westpac Banking Corporation ABN 33 007 457 141. "Westpac Group" means Westpac Banking Corporation and its related bodies corporate.

Office Use Only

Checklist

- No. of signatories required in accordance with authority for this account
- Customers signatures verified
- Checked by: Name Employee No. _____ Employee No. _____