

## Account Switching Instructions

### My/Our New Account Details

Financial Institution	Northern Inland Credit Union Limited	BSB	802298
Account Name/s		Account No	

### 1. Regular Payments List Request and 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-es

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)			
BSB	Account Number	Account Name/s	Account Signing Authority

### 2. Notice of Variation of Account Details (Notice of Variation Schedule A)

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.

<input type="checkbox"/> Switch all my/our Direct Debit and Credit payments to my /our NICU account listed above
<input type="checkbox"/> Send my/our Regular Payments List to me/us by <input type="checkbox"/> Email or <input type="checkbox"/> Post

### 3. Direct Debit Cancellation (Direct Debit Cancellation Schedule B)

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
<input type="text"/>	<input type="text"/>
Signature	Signature
<input type="text"/>	<input type="text"/>
Date	Date
<input type="text"/>	<input type="text"/>
Contact Telephone Number	Contact Email
<input type="text"/>	<input type="text"/>