

Switch of regular payments and notice of variation

USE THIS FORM TO: Switch your direct debits and credits to your Great Southern Bank everyday account.

1 MY/OUR OLD ACCOUNT DETAILS

Account Name: _____ BSB: _____
Account Number: _____ Name of Financial Institution: _____

2 MY/OUR NEW ACCOUNT DETAILS

Account Name: _____ BSB:
Account Number: _____ Name of Financial Institution:

3 REGULAR PAYMENTS LIST

I/We consent to Great Southern Bank obtaining a 13 Month Regular Payments List from the relevant financial institution showing regular payments to and from my/our previous account described above.

I/We consent to the relevant Financial Institution compiling a Regular Payments List for the account above and disclosing the list to Great Southern Bank.

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 in the schedule; and
3. the accounts listed are personal accounts held in my/our name(s).

4 VARIATION REQUEST

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 Great Southern Bank to notify each Debit User and Credit User in accordance with my instructions, through its Sponsor or User FI, as the case may be, of my/our changed account details on my/our behalf.

I/We acknowledge that provision of this form, together with the relevant schedule to be issued 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.

SWITCHING INSTRUCTIONS (select one of the options below)

Switch all regular payments and send me a list of switched payments for my records

OR

Send me a Regular Payments List and a form for me to decide which payments to switch to Great Southern Bank

I/We instruct each such Debit User and Credit User, with immediate effect, to use the new account details provided below for my/our Direct Debits /Direct Credits.

5 CONSENTS

Send Regular Payments List to: Nominated mailing address

Email:

Signature

Signature

Account Owner's Name 1 (please print):

Account Owner's Name 2 (if joint account)

Date

Date

Once you have completed this form:



Email it to:
membership.maintenance@gsb.com.au



Drop it into a branch

We're here to help

If you need assistance completing this form, call us on **133 282** or drop into your local branch.

OFFICE USE ONLY

Date sent: