

Switch of Regular Payments Arrangements

Customer request and authority to disclose Regular Payments List

I/we consent to Summerland Bank obtaining a Regular Payments List from _____ (*Old FI*) showing regular payments to and from my/our account(s).

I/we consent to _____ (*Old FI*) compiling a Regular Payments List for the account(s) and disclosing the list to Summerland Bank.

I/we understand and acknowledge that:

1. the Regular Payments List contains my/our personal information;
2. the accounts listed are personal accounts held in my/our name(s).

BSB Number	Account No. (banks) / Customer No. (mutuals)	Account Name

I/we confirm that I am/we are authorised to operate the account represented by the BSB and Account Number shown immediately above.

Customer's Name(s)
(Please print)

Customer's Signature(s)
(In terms of the account authority)

X

X

Date

____ / ____ / ____

Contact Phone

Email

Guidance Notes

1. This customer request and consent form is to be used by Summerland to obtain a Regular Payments List on the customer's behalf from the old FI.
2. The customer should be advised that the Regular Payments List will include regular debits and credits to and from listed personal accounts, and may also include periodical payments, recurring payments and 'pay anyone' payments using internet banking services which the customer may wish to set up again from his or her new account. These customer initiated payments cannot be re-established using the Account Switch facility.
3. The customer should also be advised that once the Regular Payments List is provided by the old FI, Summerland will ask the customer to review that list and will help them establish new regular debit and credit payments arrangements.

Notice of Variation of Account Details

For recurring payments only

PROMPT ACTION REQUIRED

CONFIDENTIAL COMMUNICATION: This document 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.

This Notice of Variation of Account Details authorises Summerland Bank Ltd to notify Debit Users and Credit Users of changed account details on the Customer's behalf. Summerland Bank must send each Debit User and Credit User, through its Sponsor or User Financial Institution (as the case may be), a copy of this signed Notice, together with the particular Schedule relevant to that User. Debit Users and 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 or Direct Credit arrangements. **Debit Users and Credit Users must action this request promptly and contact the Customer if there is any doubt as to the Customer's authorisation. The Customer's instruction takes effect from the date of receipt by the User, subject to the expiry of any notice period which may apply to amendments to the terms of the Customer's arrangement with the User.**

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 Summerland Bank to notify each Debit User and Credit User listed in the attached Schedule(s)*, through its Sponsor or User Financial Institution, as the case may be, of my/our changed account details on my/our behalf.

I/we acknowledge that provision of this Notice, together with the relevant 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 new account details provided below for my/our Direct Debits /Direct Credits.

*Summerland Bank will complete the required Schedule(s).

My/Our old account details

Account Name _____
Name of Financial Institution _____
Customer Number (mutuals) _____ BSB _____
Account Number _____

My/Our new account details

Account Name _____
Name of Financial Institution Summerland Bank
Customer Number (mutuals) _____ BSB 728-728
Account Number _____

I/we confirm that I am/we are authorised to operate the account represented by the BSB and Account Number shown immediately above.

Customer's Name(s) _____
(Please print)
Customer's Signature(s) X _____ X _____
(In terms of the account authority)
Date / / _____ Contact Phone _____
Email _____

Office use only:

To Sponsor/User Institution

[User FI Name]

Date Sent

Direct Debit Cancellation Request

THIS SECTION OFFICE USE ONLY

To	_____ <i>Name of Sponsor Institution</i>		
CC	_____ <i>Full name of old Financial Institution</i>		
From	Summerland Bank		
Fax Number	02 6622 6433	Email	support@summerland.com.au
Contact	Retail Support	Signature	X _____

We advise that our Customer(s), whose details are shown below, has/have given instructions that they wish to cancel a Direct Debit Request addressed by them to the Debit User whose name and User ID Number are also shown below.

Customer's Name(s) _____

Details of Account Debited *(Old account details)*

BSB Number _____

Account Number _____

Name of Debit User _____

Lodgement Reference _____

Name of Remitter _____

Customer's identification number(s)
with the Debit User (if known)
(e.g. customer billing number, contact number, or policy) _____

Date the Customer's account was last debited _____

I/we confirm that I am/we are authorised to operate the account represented by the BSB and Account Number shown immediately above.

Customer's Name(s) *(Please print)* _____

Customer's Signature(s) *(In terms of the account authority)* X _____ X _____

Date _____ / _____ / _____ **Contact Phone** _____

Email _____

PO Box 657 Lismore NSW 2480
101 Molesworth Street Lismore NSW 2480
1300 728 728
info@summerland.com.au
summerland.com.au



Date _____ / _____ / _____

To _____
Address _____

Dear Sir/Madam,

Re: Authority to close account

I/we authorise and direct you to close my/our account described below:

Financial Institution _____
BSB _____
Account Name _____
Account Number _____

Please complete the relevant section below

1. Transfer the balance to:

Financial Institution Summerland Bank
BSB 728-728
Account Name _____
Customer Number _____
Account Number _____

OR

2. Pay account balance by cheque to:

Payee Name _____
Payee Address _____

If you have any questions, please contact me on (Phone) _____

Thank you for your assistance.

Yours sincerely,

X _____
Signed

X _____
Signed