



Confirmation of Payee (CoP) – Request for Opt-out

Full Name:	<input type="text"/>		
Address:	<input type="text"/>		
Member Number/s:	<input type="text"/>		
Account No/s:	<input type="text"/>		
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

Reasons for Opt-Out

(Please disclose all information relating to this request and attach as much documentation as possible to support the request).

Authorisation

<div>Signature</div> <div></div>	<div>Date</div> <div>/ /</div>
----------------------------------	--------------------------------

Please return completed form to:

confirmpayeeoptout@summerland.com.au