

Fax No: 1800 032 901

Email: AccountSwitchingServ@anz.com

Postal Address: Customer Services, 5/833 Collins Street, Melbourne, Victoria, 3008

## SECTION 1: ACCOUNT DETAILS

### NON ANZ ACCOUNT DETAILS

Account Name

BSB Number

Account Number

Name of Financial Institution

### ANZ ACCOUNT DETAILS

Account Name

BSB Number

Account Number

Name of Financial Institution

## SECTION 2: REGULAR PAYMENT LIST

- I/We consent to ANZ obtaining a 13 Month Regular Payment list from the relevant financial institution showing regular payments to and from my/our account detailed above in Section 1 (Non ANZ Account Details)

I/we consent to the relevant Financial Institution compiling a Regular Payments List for the account(s) described in the Schedule, and disclosing the list to ANZ.

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).

## SECTION 3: VARIATION REQUEST

I/We have switched financial institutions and as a result my/our account details, for the purpose of Direct Debits and Direct Credits, have changed.

I/We authorise ANZ to notify each Direct Credit/Debit user (listed in the 13 Month Regular Payment List) of my/our changed account details. This 13 month regular payment listing will be from the Other Financial Institution nominated above in Section 1 (Non ANZ Account Details)

I/We acknowledge that provision of this Notice 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 arrangement are not effected.

## INSTRUCTIONS

### Switching instructions

- switch all regular payments and send list for my records of switched payments
- or
- send me switching lists and form for me to decide payments to switch to ANZ

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

- Authorise switch my payments  
(I authorise ANZ to complete the above instructions)

## SECTION 4: CONSENTS

Send listing instructions to:

email:

mail to nominated mailing address.

I/we would like to receive 13 Month Regular Payment list at the email address(es) above. I/we understand that a paper copy will not be sent by ANZ and that I should regularly check my email.

I/We confirm that I/we are authorised to operate the account represented by the BSB and Account Number shown above in Section 1 (ANZ Account Details)

Customer Name(s) (please print)

Customer Signature(s) (in terms of the account authority)

Date (DD/MM/YYYY)

email:

Customer Name(s) (please print)

Customer Signature(s) (in terms of the account authority)

Contact Telephone Number

### Confidential Communication

This document is confidential and intended only for 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.