

Switch of Regular Payments Arrangements

Customer Request and Authority to provide Regular Payments List

About this form

At Coastline, we like to make it easy for our Members and this includes helping you make the switch.

By filling out this form, you can grant us the authority to approach your departing financial institution and gather a 'Regular Payments List' of your Direct Debits and Credits for a period of 13 months.

Your departing financial institution

- I/We consent to Coastline obtaining a Regular Payments List from: showing regular payments to and from my/our account(s) held with the Departing Financial Institution described in the Schedule and disclosing the list to Coastline.
- I/We understand and acknowledge that"
 - The Regular Payments List contains my/our personal information;
 - I am/we are authorised to operate the accounts described in the Schedule; and
 - the accounts listed are personal accounts held in my/our names.
- I/We acknowledge that signing this form authorises Coastline to send my Regular Payments List to me/us by email or post and understand that email is not a secure means of communication whereby Coastline do not use encryption or digital signatures for incoming or outgoing email. I/We assume full responsibility for the risk of sending and receiving sensitive information via email.

Schedule (Please provide account details held with your Departing Financial Institution i.e. your old bank)

BSB	Account Number	Account Names/s	Account Authority/ies
			<Please select>
			<Please select>
			<Please select>

Member 1

Full name

Signature

Date (DD/MM/YY)

Member 2 (joint accounts may require all signatures)

Full name

Signature

Date (DD/MM/YY)

The Regular Payments List will be provided by , in 8 working days. Coastline will then send the list to review and will help you establish your direct debit and credit payment arrangements on your new account.

Your Coastline details

To enable us to process your request please provide your Coastline member number/s and nominate which Coastline account you intend to switch some or all your payments to. Once we have received your Regular Payments List from your Departing Financial Institution, we'll contact you confirm which direct debits and credits you'd like us to change or cancel.

Member Number (Primary)

Member Number (Secondary if joint)

Coastline Account Number: SAV

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Office use only

Staff member name

Operator Number

Staff member signature