

Switch of Regular Payments Arrangements



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MEMBER DETAILS

Primary Member

Member number _____

Title _____ Surname _____

Given name/s _____

Secondary Member

Member number _____

Title _____ Surname _____

Given name/s _____

Note: if this is a joint account please provide all member details and signatures.

SCHEDULE

Details of account/s held with _____

BSB & ACCOUNT NUMBER	ACCOUNT NAME	ACCOUNT AUTHORITY/IES

AUTHORITY

I/We consent to _____ compiling a Regular Payments List showing regular payments from my/our account/s as described in the Schedule, and disclosing the list to P&N.

I/We consent to P&N obtaining the Regular Payments List for the account/s described in the Schedule.

I/We understand and acknowledge that:

- The Regular Payments List contains my/our personal information
- I am/we are authorised to operate the account/s described in the Schedule, and
- The accounts listed are personal accounts held in my/our name/s.

Primary Member's signature

Date _____

Secondary Member's signature

Date _____