

# Transfer Request



**Police & Nurses Limited** ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701  
Level 6, 556 Wellington Street, Perth WA 6000 | PO Box 8609, Perth BC, Western Australia 6849  
T 13 25 77 | W [pnbank.com.au](http://pnbank.com.au)

## MEMBER DETAILS

Member number \_\_\_\_\_ Account number to be debited \_\_\_\_\_  
Title \_\_\_\_\_ Surname \_\_\_\_\_ Given name/s \_\_\_\_\_

## PAYMENT DETAILS

Amount (figures) \$

Amount (words) \$ \_\_\_\_\_

Payment date \_\_\_\_\_

- One-off transfer or  
 Recurring transfer  
 Daily  Weekly  Fortnightly  Monthly Until (date) \_\_\_\_\_ or  I will notify at a later date

## RECIPIENT DETAILS

Internal Account  
 External Account  RTGS Required  
Recipient name \_\_\_\_\_  
Payment Reference / message (optional) \_\_\_\_\_  
BSB \_\_\_\_\_ Account number \_\_\_\_\_  
Purpose of transfer \_\_\_\_\_

## AUTHORITY & ACKNOWLEDGEMENT

I have checked and confirm that the account details provided above are correct

It is acknowledged that P&N Bank accepts no liability for any delay, mistake or omission which may occur in its transmission, or misinterpretation when received, or failure to identify the payee. Stop payments, enquiries or investigations requested by the member may be subject to additional fees and can be made by contacting P&N Bank on 13 25 77 or at the branch where this transaction occurred.

I agree to the terms of P&N Bank's Privacy Policy and where I have provided personal information about another person (such as a beneficiary), I have made them aware of that fact. A full copy of P&N Bank's Privacy Policy is available via our website.

I acknowledge and agree for any fees incurred with this transaction to be debited to the account number above. I understand if an RTGS request is received after processing cut off times (1pm, 12pm during AEST daylight savings), the payment will be processed the following business day.

I hereby authorise P&N Bank to process this transaction on my behalf and I fully understand and agree to the above.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Signature

## OFFICE USE ONLY

Officer \_\_\_\_\_ Operator # \_\_\_\_\_ Date \_\_\_\_\_

- Method of Operation Checked  Identification No./Exp \_\_\_\_\_  
 Sufficient funds available, transfer completed to 2702002  RTGS Fee charged CC657

Checked and approved as per (CEO DAM) by \_\_\_\_\_ Operator # \_\_\_\_\_