

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

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

BSB _____ Account number _____

Recipient name _____

Payment Reference / message (optional) _____

Purpose of transfer _____

MULTIPLE TRANSFERS

| Amount | Internal | External | BSB | Account Number | Recipient Name | Payment Reference |
|--------|--------------------------|--------------------------|-----|----------------|----------------|-------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

AUTHORITY & ACKNOWLEDGEMENT

Warning: It is your responsibility to check that the BSB and account number are correct, or your transfer / payment may be unsuccessful or paid to the wrong account and it may not be possible to recover your money from the unintended recipient. If the recipient Bank does not match account names and identifiers to process payments, the names and identifiers will not be matched, verified or checked.

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.

Member 1 Signature

Name _____

Date _____

Member 2 Signature

Name _____

Date _____

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 _____