



# Switch of Regular Payments Arrangements

## Customer request and authority to disclose Regular Payments List

I/We consent to Ford Co-operative Credit Society Limited (FCCS Credit Union) obtaining a Regular Payments List from \_\_\_\_\_ (name of Financial Institution - FI) showing regular payments to and from my/our account(s) held with \_\_\_\_\_ (name of FI) described in the Schedule.

I/we consent to \_\_\_\_\_ (name of FI) compiling a Regular Payments List for the account(s) described in the Schedule, and disclosing the list to FCCS Credit Union.

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).

Schedule (details of accounts held with \_\_\_\_\_ (old FI))

BSB & Account Number:	Account Name:	Account Authority(ies):

## Customer Signature(s) *(if joint account all signatures may be required):*

I authorise you to switch my salary to the FCCS account detailed above:

Signature:	<input type="text"/>	Full Name:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature:	<input type="text"/>	Full Name:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature:	<input type="text"/>	Full Name:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>