

Switch of regular payments authority

By completing this form you are agreeing for Health Professionals Bank to act on your behalf to obtain a regular payments list being paid from your personal account/s at another financial institution(s). The list will include all of your regular debits and credits that you have organised with a 3rd party from your account. Any payments that you have organised yourself; such as periodical payments, recurring or pay anyone payments, will need to be re-set by you within internet banking or call **1800 472 265**.

Note: Please provide a separate form for each financial institution that a regular payments list(s) is required for.

What are your personal details?

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>	Member no.	<input type="text"/>
First names	<input type="text"/>						Surname	<input type="text"/>
Street no. & name	<input type="text"/>							
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Postal address (if different from above)	<input type="text"/>							
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Home phone	<input type="text"/>			Work phone	<input type="text"/>		Mobile phone	<input type="text"/>
Email	<input type="text"/>							

What account(s) would you like a regular payments list for?

Financial institution	<input type="text"/>													
BSB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account no	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account name	<input type="text"/>						Account signatory(ies)	<input type="text"/>						

Please sign below in black pen only

I/We consent for a regular payments list to be disclosed to Health Professionals Bank.

I/We understand and acknowledge that:

- the regular payment list contains my/our personal information;
- I am/we are authorised to operate the account described above, and
- the accounts listed are personal accounts held in my/our name(s).

I/We understand that Health Professionals Bank will provide me/us with the regular payments list for review prior to establishing new regular direct debit and direct credit payment arrangements.

Signature of first account holder




Signature	<input type="text"/>	Date	<input type="text"/>
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Signature of second account holder

Signature	<input type="text"/>	Date	<input type="text"/>
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Office use only	Member no	<input type="text"/>
	Operator no	<input type="text"/>
	Date actioned	<input type="text"/>
	Sig verified by	<input type="text"/>

Returning this form

	Health Professionals Bank, Reply Paid 7501, Silverwater NSW 2128
	(02) 9735 9465
	paymentservices@tmbl.com.au