Switch of Regular Payments Arrangements

Member request and authority to disclose Regular Payments list

Outgoing Financial Institution

I/we consent to IMB Ltd obtaining a Regular Payments List from my/our Outgoing Financial Institution showing regular payments to and from my/our account(s) held with my/our Outgoing Financial Institution described in the Schedule.

I/we consent to Outgoing Financial Institution compiling a Regular Payments List for the account(s) described in the Schedule, and disclosing the list to IMB Ltd.

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 Outgoing Financial Institution

BSB:	Account number:	Account name:	Account authority/(ies)

Note: (if this is a joint account, all signatures are required):

Member's name: (Please print)

Member's signature:

Member's name: (Please print)

Member's signature:

Date: / / 20

IMB OFFICE USE ONLY

IMB Branch:

Forms are to be faxed to Banking Services on 02 4229 4606