

This information can be used to request Community First to complete a transfer of funds electronically on your behalf from your account with us to any external Australian account, biller or other Community First member.

What type of transaction are you requesting?

- |  |   |
|--|---|
| <input type="checkbox"/> Electronic Funds Transfer<br>Allow 2-3 working days for funds to arrive | <input type="checkbox"/> SWIFT Payment<br>Allow 2-3 hours for funds to arrive, \$20 fee applies |
| <input type="checkbox"/> BPAY<br>To make a bill payment  | <input type="checkbox"/> Internal Transfer<br>To another member's account other than your own   |

## YOUR DETAILS

### Primary Account Holder

Member number:   
Member name:

### Secondary Account Holder

Member number:   
Member name:

Note: If this account has a two to sign method of operation, both account holders will need to sign this form.

## PLEASE CONFIRM YOUR CONTACT DETAILS

Residential address:

Suburb:  State:  Postcode:   
Home ph:  Work ph:   
Mobile:  Email:

## YOUR INSTRUCTIONS

I/We request Community First Credit Union to debit my/our  for the amount of \$   
Account type (e.g. S7 Access)

on  /  /  for the following reason

If this is to be a recurring payment, please enter the frequency details:

Weekly  Fortnightly  Monthly

First payment date:  /  /  Last payment date:  /  /

Details of account to which funds will be transferred (Applies to EFT, SWIFT and Internal Transfers)

Name of financial institution:   
BSB:   
Account number:   
Account name:   
Reference note (optional):

Details of billier to be paid (Applies to BPAY payments):

Billier code:  Reference number:

You must ensure that the BSB and Account Number are correct or your payment may be paid to an account that does not belong to the named recipient. If payment is made to an incorrect account, it may not be possible to recover the funds from the unintended recipient.

Signature

Signature

Name

Name

Date

Date

\*I/We acknowledge that this service enables Community First Credit Union to transfer the amount requested from my Community First account to an account with another financial institution via electronic funds transfer. I/we declare that the information given in the instructions above are correct and I/we take responsibility for the accuracy of these details. I/we hereby indemnify Community First Credit Union Limited or any person who may suffer a loss as a result of the use of this service. Your request to complete an EFT is subject to the approval by the credit union. We will advise you if approval is not granted.

**OFFICE USE ONLY - Please add in:**

Signature verification

Processed by:

on

Checked by:

on