

Electronic deposit alteration

What are your personal details?

First account holder

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"/>
Home phone	<input type="text"/>	Work phone	<input type="text"/>	Mobile phone	<input type="text"/>
Email	<input type="text"/>				

Second account holder

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"/>
Home phone	<input type="text"/>	Work phone	<input type="text"/>	Mobile phone	<input type="text"/>
Email	<input type="text"/>				

What alteration do you need?

What are the details of the financial institution from which the electronic deposit is to be made?

BSB no	<input type="text"/>	Bank	<input type="text"/>	Branch	<input type="text"/>	
Account name	<input type="text"/>		Account no.	<input type="text"/>	Date to make change from	<input type="text"/>

Please alter the electronic deposit as follows (tick one):

- | | |
|---|--|
| <input type="checkbox"/> Cancel payment and electronic deposit authority. (A new electronic deposit authority form will be required prior to accessing this service again by internet or phone banking) | <input type="checkbox"/> Change the next electronic deposit date to date shown above and then revert to original instructions on
Date <input type="text"/> |
| <input type="checkbox"/> Cancel the electronic deposit but not the authority. (This will allow payments to be sent using internet or phone banking in the future) | <input type="checkbox"/> Change frequency of electronic deposit to: <input type="checkbox"/> one off
<input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> four weekly
<input type="checkbox"/> two monthly <input type="checkbox"/> quarterly <input type="checkbox"/> half yearly <input type="checkbox"/> weekly |
| <input type="checkbox"/> Change electronic deposit date to commence on date provided above and continue at current frequency for all future payments | <input type="checkbox"/> Change amount of electronic deposit from
\$ <input type="text"/> to \$ <input type="text"/> |

Please sign below in black pen only

All persons named on the account held at the other financial institution shown above must sign below.

Refer to the Fees and charges brochure for details on fees and charges.

First account holder




Signature	<input type="text"/>	Date	<input type="text"/>
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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

	Teachers Mutual Bank Limited, Reply Paid 7501 Silverwater NSW 2128
	(02) 9704 8203
	epays@tmbank.com.au