

Electronic funds transfer request

An Electronic funds transfer is a non urgent transfer to another Australian financial institution with the funds reaching the destination within 2 working days. A fee may apply for this request. Please refer to the Fees and Charges brochure for details on our fees and charges. Alternatively this service can also be completed via Internet Banking or the Mobile App without charge. **Please complete all sections.**

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 | | | |
| Suburb | State | Postcode | |
| Postal address (if different from above) | | | |
| Suburb | State | Postcode | |
| Home phone | Work phone | Mobile phone | |
| Email | Date of birth | | |
| Account to debit (S1 or S2) | | | |
| <input type="checkbox"/> S1 Everyday Direct account | | | |
| <input type="checkbox"/> S2 Bill Paying account | | | |
| Sub account (if applicable eg. s1.1 = 1) | | | |

Recipient details

| | |
|----------------------------------|---------------------------|
| Account name | Bank |
| BSB | Account number |
| Amount \$ | Reference (if applicable) |
| Full name of beneficiaries | |
| Your relationship to beneficiary | |
| Purpose of the payment | |

Please sign below in black pen only

You must ensure that you have provided us with the correct account details for the beneficiary. The Bank does not check that the beneficiary name matches with the account details you have provided. If you provide an incorrect BSB or account number, it may not be possible to recover moneys from an unintended recipient;

Be aware of the possibility of frauds, including investment scams. You should be satisfied that the beneficiary is acting legitimately, particularly if you have not dealt with them previously.



Please tick the boxes to confirm that:

- you have confirmed the BSB and account number with the beneficiary;
- you are satisfied that the beneficiary is acting in good faith;
- the details you have provided in this form are true and correct.

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

| | | |
|-----------------|-----------------|----------------------|
| 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 |
|  | request@tmbl.com.au |