



Woolworths Employees' Credit Union Limited  
 522-550 Wellington Road, Mulgrave Vic 3170  
 1300 665 553 | wecu.com.au

**SWITCH OF FINANCIAL INSTITUTION and ACCOUNT DETAILS - for recurring payments only**

**CONFIDENTIAL INFORMATION:**

This facsimile is confidential and intended only for the use of the addressee. If you have received this communication in error, please notify the financial institution from which you have received it to arrange disposal. Unauthorised use of the information in this message may result in legal proceedings against the user. Thank you.

To: \_\_\_\_\_ [Name of DE user] DE User ID: \_\_\_\_\_

*(Note: Debit/Credit Users are required to verify (by signature comparison or other means) that this form has been properly authorised by the Customer before making any changes to the Customer's Direct Debit/Credit arrangements. Debit/Credit Users must contact the Customer if there is any doubt as to the Customer's authorisation).*

I/WE have changed financial institutions and as a result my/our account details have been changed.  
**With immediate effect**, please use the new account details provided below for my/our Direct Debits / Direct Credits.

**My/Our Direct Debit(s) / Direct Credit(s):**

My/Our Full Name(s): \_\_\_\_\_

Lodgement Reference	Last Payment Date	Amount	Debit/Credit
<i>(these details can be found on your regular arrangements list from your old financial institution)</i>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**My/Our Old Account details:**

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

**My/Our New Account Details:**

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

**I/We confirm that I/we am/are authorised to operate the account represented by the BSB and Account Number described immediately above (My/Our New Account Details) and:**

- For Direct Debits, I/We authorise you to debit My/Our New Account Details, in accordance with the terms of my/our existing Direct Debit Request(s).
- For Direct Credits, I/We authorise you to make further payments due to me/us by crediting My/Our New Account details.

Customer's signature(s): \_\_\_\_\_

*(in terms of the account authority)*

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

<b>Financial Institution Use only</b>	
To User Institution: _____	[User FI Name]
Date Sent: _____	