st.george

St.George Bank Limited ABN 92 055 513 070

Deliver to your Local Branch or Electronic Banking, Level 2, 4 – 16 Montgomery Street, Kogarah NSW 2217 Fax: 02 9952 1792

Branch Stamp

Phone/Internet Banking – Third Party Account Advice

Phone/Internet Banking Access No.

Card Issue No.

Date / /

NEW ❒ ▶ 1 + 3 + 5 **CHANGE DETAILS** ❒ ▶ 1 + 4 + 5 **INCREASED LIMIT** ❒ ▶ 1 + 2 + 3 + 5 **CANCELLATION** ❒ ▶ 1 + 6

1 CUSTOMER DETAILS

Customer Name

Address (State) (Postcode)

Telephone Numbers (Home) ( ) (Work) ( ) E-mail Address

2 LIFT LIMIT/ACCESS TO PHONE BANKING

(please tick) ❒ Increase the daily limit on my nominated account and provide access via phone banking.

3 THIRD PARTY ACCOUNTS

Pay To:

Account Name		Account Number	
BSB No.	—	Bank/ Branch	

Pay To:

Account Name		Account Number	
BSB No.	—	Bank/ Branch	

Pay To:

Account Name		Account Number	
BSB No.	—	Bank/ Branch	

4 AMENDED – NOMINATED THIRD PARTY ACCOUNT

Details of Amendment

OLD ACCOUNT DETAILS		NEW ACCOUNT DETAILS	
Account Name		Account Name	
BSB No.	—	BSB No.	—
Account Number		Account Number	
Bank/ Branch		Bank/ Branch	

5 REQUEST / AUTHORISATION

I/We authorise and request that you transfer funds when I/we direct from my/our account(s) to the nominated account(s) set out above. You may refuse to accede to this request at any time. In particular, the transfer of funds will only be made if there are sufficient cleared funds in my/our account on the day of transfer. I/We understand that when I/we use Phone/Internet Banking including to transfer funds from my/our account(s) to a nominated account, I/we will be bound by St.George Bank's Banking Services Terms and Conditions (and any variation of them). In particular and without limiting the above, I/we acknowledge that you are not liable for any loss or damage if a transfer of funds is not affected or is delayed for any reason. I/We also acknowledge that you may impose a fee on any transfer made pursuant to this request.

Common Seal (if applicable)

Account Holder/Director/Secretary

Signature	*Signature*
Name (please print)	*Name (please print)*

6 CANCELLATION

Details of Deposit A/c to be Cancelled

Account Name		Account Number	
BSB No.	—	Bank/ Branch	

I/We request that you no longer allow me/us to transfer funds from my/our account(s) to the nominated account set out above.

Account Holder/Director/Secretary

Signature	*Signature*
Name (please print)	*Name (please print)*

Common Seal (if applicable)

BRANCH USE ONLY	Sig Verified by: *Signature*	Name	Employee Number	Phone Banking Registration? ❒	**H/OFFICE USE ONLY**	Input by: (print name)	Date / /