

Internet and Phone Banking – Payee Account Information (also known as “Third Party”)



St. George Bank – A Division of Westpac Banking Corporation ABN 33 007 457 141 AFSL 233714

Deliver to your local Branch. Customer Administration, Level 2, 4-16 Montgomery Street, Kogarah NSW 2217 Fax: 02 9995 8307

Please use the relevant sections of this form if you would like to add, amend, remove or increase the limit of your third party Payee Account(s).
 Privacy laws protect your privacy. To read our policy “Protecting Your Privacy”, go to our website stgeorge.com.au, phone 13 33 30 or ask at a branch to receive a copy.
 This request may take up to two working days to be processed.

Date: / /

CUSTOMER DETAILS

Internet and Phone Banking Card/Access No.	Card Issue No.*	*This field is only required when you have been issued with multiple cards.	
Customer Name	Address		(State) (Postcode)
Telephone Numbers	(Home) ()	(Work) ()	E-mail Address

WOULD YOU LIKE TO INCREASE THE DAILY LIMIT OF THE BELOW PAYEE ACCOUNT(S) (please tick) *Complete Section 1 and 4*

1 ADD PAYEE ACCOUNT(S) TO INTERNET AND PHONE BANKING *Complete and go to Section 4*

You will need details of the Payee account including BSB Number, Account Number and Account Name. You should obtain these details and permission from the Payee first. Please do not provide your own account details.

BSB No.	Account Number	Account Name	Bank / Branch	BSB No.	Account Number	Account Name	Bank / Branch
BSB No.	Account Number	Account Name	Bank / Branch	BSB No.	Account Number	Account Name	Bank / Branch

2 AMEND THE FOLLOWING PAYEE ACCOUNT(S) *Complete and go to Section 4*

Details of Amendment	OLD ACCOUNT DETAILS				NEW ACCOUNT DETAILS			
	BSB No.	Account Number	Account Name	Bank / Branch	BSB No.	Account Number	Account Name	Bank / Branch

3 REMOVE THE FOLLOWING PAYEE ACCOUNT(S) *Complete and go to Section 4*

Details of Payee A/C to be cancelled	BSB No.	Account Number	Bank / Branch
	Account Name		

I/We request that you no longer allow me/us to transfer funds from my/our account(s) to the third party account(s) set out above.
Account Holder/Director/Secretary

Name (please print) Signature



4 AUTHORISATION REQUEST

I/We authorise and request that you transfer funds when I/we direct from my/our account(s) to the third party Payee 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 Internet/Phone 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.

Account Holder/Director/Secretary

Name (please print) Signature



BRANCH USE ONLY	Sig Verified by: Signature	Name	Employee Number	Is the customer registered for Phone Banking? <input type="checkbox"/>	H/OFFICE USE ONLY	Input by: (print name)	Date / /
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Delivery box info