

Switch of Regular Payments Form



Outgoing Financial Institution

I/we consent to Gateway Bank obtaining a Regular Payments List from my/our Outgoing Financial Institution showing regular payments to and from my/our account(s) held with my/our Outgoing Financial Institution described in the Schedule below.

I/we consent to my/our Outgoing Financial Institution compiling a Regular Payments List for the account(s) described in the Schedule below, and disclosing the list to Gateway Bank.

I/we understand and acknowledge that:

1. The Regular Payments List contains my/our personal information
2. I am/we are authorised to operate the accounts described in the Schedule
3. The accounts listed are personal accounts held in my/our name(s)

Schedule (details of accounts held with the Outgoing Financial Institution)

BSB & Account number	Account name	Account authority(ies)

Confirmation of Consent

If the accounts listed above are in joint names both signatures are required.

Full Name

Full Name

Signature

Signature

Date

Date