



Switching Bank Request Form

MEMBER NUMBER

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PO Box 585 Hamilton 3240 • firstcreditunion.co.nz • welcome@firstcu.co.nz

Current Bank: _____

Account Name: _____

Transferring to: **FIRST CREDIT UNION**

First Credit Union Contact details: **Email:** welcome@firstcu.co.nz

To: First Credit Union and

I/we are in the process of changing my/our accounts to First Credit Union please find below the switching instructions for _____ :

- Please provide First Credit Union with the payment authority details for the account/s indicated below within **5 business days**.
- Where account closure is indicated below, please close my/our account/s and transfer the balances to my First Credit Union account/s on (but not before):
- Unless otherwise noted, please cancel all payment authorities on my/our account/s on (but not before):

Your personal details			Payments			
Bank	Account Switching from	Close account?	Automatic Payments	Direct Debits	Bill Payments	First Credit Union Account Number

Member Authorisation and Indemnity:

I/we authorise First Credit Union to request information about the payment authorities operating on my/our accounts held with _____ and use this information to transfer those authorities to my/our accounts held with First Credit Union.

I/we authorise _____ to release any payment authority information requested by First Credit Union.

I/we agree to indemnify and to keep indemnified First Credit Union and _____ against all claims, demands, actions, suits, proceedings, liabilities, damages, payments, loss, costs and expenses that may arise in relation to or in any way arising out of either of them acting on my/our instructions to transfer my/our authorities from _____

I/we agree to waive and release First Credit Union from any loss or expense I/we may have against First Credit Union where First Credit Union complies with my/our instructions to transfer my/our authorities from _____

Member Name _____

Joint Member Name _____

Signature _____

Signature _____

Date _____

Date _____