Switching Bank Request Form

MEMBER NUMBER

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

By signing this application, I/we acknowledge and agree that First Credit Union (FCU) may collect, use, and disclose my/our personal information for the purpose of assessing this application, administering any resulting account, preventing fraud, recovering debt, and meeting legal obligations.

This includes personal information collected directly from me/us and from other organisations, such as credit reporting agencies, government agencies, insurers, or debt collection agents. I/we authorise FCU to obtain and disclose personal information as reasonably required for these purposes, including credit checks, identity verification, and debt recovery.

FCU may also use my/our personal information to contact me/us about FCU products or offers that may be of interest.
Tick here if you do NOT wish to receive marketing communications from FCU.

Where FCU collects personal information about me/us from someone other than me/us, FCU will take reasonable steps to ensure I/we are informed about what information has been collected, why it has been collected, who it may be shared with, and my/our right to access and request correction of that information.

I/we declare that the information provided in this application is true and correct.
Further information is available in First Credit Union's Privacy Policy at www.firstcreditunion.co.nz/about/important-information/privacy-policy/.

Account Holder's Signature

Today's Date / /

Joint Account Holder's Signature

Today's Date / /