



# Request to change Bank Account Details



**Send your completed form to:**

Fax: 1300 309 194

Email: [MerchantMaintenance@cba.com.au](mailto:MerchantMaintenance@cba.com.au)

## Section 1 – Merchant details

**My details are:**

Merchant Name

Merchant number(s)

Contact phone number

Email address

## Section 2 – Banking details

**Settlement Account**

Financial Institution Name

BSB

Account number

Full Account Name

How long have you held this account

The account details you provide in this section will be debited for purposes relating to fees/charges

**Billing Account** (if different from the settlement account listed above)

Financial Institution Name

BSB

Account number

Full Account Name

How long have you held this account

## Section 3 – Direct Debit Request (DDR) – Applies where the New Account is not with us

If your new nominated bank account is with another financial institution please provide one of the following documents; a bank statement, or a letter from your bank.

This document must contain the following information;

Bank statement	Online/Electronic Statement	Letter from the bank
The Bank Statement must contain; <input type="checkbox"/> Bank logo <input type="checkbox"/> Bank ACN/ABN <input type="checkbox"/> BSB <input type="checkbox"/> Account number <input type="checkbox"/> Account name required	The Online/Electronic Statement must contain; <input type="checkbox"/> Bank logo <input type="checkbox"/> Bank ACN/ABN <input type="checkbox"/> BSB <input type="checkbox"/> Account number <input type="checkbox"/> Account name required	The Letter from the Bank must contain; <input type="checkbox"/> Bank logo <input type="checkbox"/> Bank ACN/ABN <input type="checkbox"/> BSB <input type="checkbox"/> Account number <input type="checkbox"/> Account name <input type="checkbox"/> Signature from the banking staff member who issued the letter is required on the same page

You authorise and request Commonwealth Bank – User ID 1191 (credit card fees/charges) and User ID 00952 (EFTPOS fees/charges) – to arrange for funds to be debited from your account(s) set out above through the Bulk Electronic Clearing System (BECS). You authorise the Bank to verify the details of the account with your financial institution and warrant that you have account authority to sign this DDR. If you do not have the account authority to sign the DDR, please contact us and we will provide a separate form for the signatories to complete. You acknowledge that this authority is governed by and will remain in force in accordance with the Direct Debit Service Agreement set out on the reverse of this page.

## Section 4 – Signature(s)



### Please note:

- If two or more partners or directors, at least two must sign this form,
- For new partners or directors, please also forward a copy of your drivers licence,
- If two or more proprietors all must sign this form.
- The signature must match the signature the bank have on your account

Position

Name

Signature

Date

Position

Name

Signature

Date

## Direct Debit Request Service Agreement

### Please retain this section for your records.

This is your Direct Debit Service Agreement with Commonwealth Bank – User ID 1191 (fees, chargebacks and other amounts relating to credit cards) and User ID 00952 (fees, chargebacks and other amounts relating to EFTPOS transaction) & 48 123 123 124 (the Debit User). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

### 1 Debiting your account

By signing a DDR, **you** authorise **us** to arrange for funds to be debited from your nominated account according to the agreement **we** have with **you** and the merchant agreement referred to in the 'declaration' section above. **We** will keep your direct debit records and **account** details private unless this information is required by **us** to investigate a claim relating to an alleged incorrect or wrongful debit. In the event of a debit returned unpaid, **we** may attempt to contact **you** to discuss payment arrangements and/or **we** may attempt to redraw on your **account**. If the *debit day* falls on a day that is not a *banking day*, we may direct your *financial institution* to debit your *account* on the following *banking day*. If you are unsure about which day your *account* has or will be debited you should ask your *financial institution*.

### 2 Enquiries

If **you** believe there has been an error in debiting your **account**, **you** should call us on **1800 230 177** (free call) and confirm the details in writing with **us** as soon as possible so that **we** can resolve your query quickly. If **our** investigations show that your **account** has been incorrectly debited, **we** will arrange for your financial institution to adjust your **account** accordingly. **We** will also notify you in writing of the amount by which your **account** has been adjusted. If **our** investigations show that your **account** has not been incorrectly debited, **we** will respond to your query by providing **you** with reasons and copies of any evidence for this finding. Any queries **you** may have about an error made in debiting your **account** should be directed to **us** in the first instance so that **we** can attempt to resolve the matter between **you** and **us**. If **we** cannot resolve the matter, **you** can still refer it to your financial institution. If you are uncertain as to when a debit will be processed to your account, you should contact your financial institution.

### 3 Changes by us or you

**We** may vary any details in this agreement or your DDR at any time by giving **you** at least 14 days' written notice to the preferred email or address you have given us. **You** may cancel or suspend the Direct Debit Request or change, stop or defer an individual payment at any time by giving **us** 10 **business days'** notice before the next debit payment to be made. This notice should be given to us in the first instance. To do so, freecall us on **1800 230 177** (24 hours, 7 days) or by visiting your nearest branch. You may also stop or cancel direct debits by contacting your financial institution.

### 4 Your responsibility

You Should:

Check with the financial institution where your **account** is held before signing this application form as direct debiting through the Bulk Electronic Clearing System (BECS) is not allowed on the full range of accounts. **You** should also complete your **account** details (including Bank State Branch (BSB) number) directly off a recent **account** statement from your financial institution. **If you are in any doubt, please check with your financial institution before completing the drawing authority.**

Ensure there are sufficient cleared funds available in your relevant account, by the due date, to allow for the debit payment according to the relevant DDR;

If there are insufficient clear funds in your account to meet a debit payment:

- a) you may be charged a fee and/or interest by your financial institution;

- b) we may charge you reasonable costs incurred by us on account of there being insufficient funds; and
- c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

Ensure that suitable arrangements are made if the direct debit is cancelled;  
- by yourself; your financial institution or for any other reason.

## **5 Use of your information**

We will keep any information (including *your account details*) in your *Direct Debit Request* confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. We will only disclose information that we have about you:

- a) to the extent specifically required by law; or
- b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

## **6 Contact Us**

If you wish to notify us in writing about anything relating to this *agreement*, you should free call us on **1800 230 177** (24 hours, 7 days) or by visiting your nearest branch.

*We may send notices either electronically to your email address or by ordinary post to the address you have given us.*

*Written notices are taken to be received on the sixth Banking Day after posting.*

## **7 Definitions**

**Account** means the account you nominate on page 2 (or if more than one, the one for payment of fees and charges)

**Banking day** means a week day other than a day that's a public holiday

**Us** and **We** and **Our** means Commonwealth Bank of Australia ABN 48 123 123 124

**You** means the customer(s) who signs this application form.

**Your financial institution** is the financial institution where you hold the account for which you have authorised us to arrange the debit