

Change bank account details request form

Please use this form to change your bank account details for direct debit and/or direct credit. Once completed please email to support@tillpayments.com with the subject heading *Change Bank Account*, including a copy of your bank statement clearly stating your BSB and Account Number. *Denotes a required field

Where possible please type information into the form before printing.

Merchant Details

Merchant Number/s*

Merchant Trading Name*

Merchant Trading Address

Suburb

State

Postcode

Phone Number

First Name*

Last Name*

Email Address*

Type of Request – select all that apply

Direct Credit for funding – so that Till Payments can fund your account. Please note that direct credit is only available on certain accounts. Please contact your financial institution if in doubt.

Direct Debit for fees and chargebacks – complete this if a separate account is used for fees and charges. Please note that direct debit is only available on certain accounts. Please contact your financial institution if in doubt.

Direct Credit Current Bank Account Details

Account Name*

Bank Name*

Branch Name*

BSB*

Account Number*

Direct Credit New Bank Account Details

Account Name*

Bank Name*

Branch Name*

BSB*

Account Number*

Direct Debit Current Bank Account Details

Account Name*

Bank Name*

Branch Name*

BSB*

Account Number*

Direct Debit New Bank Account Details

Account Name*

Bank Name*

Branch Name*

BSB*

Account Number*

Director / Partner / Sole Proprietor / Authorised Representative

By signing this change bank account details request form, I/We

1. Authorise and request Till Payments Pty Limited, until further notice in writing, to arrange for my/our account to be debited/credited with any amounts which Till Payments may properly debit/credit or charge me/us through the Direct Debit/Direct Credit system;
2. Will notify Till Payments Australia Pty Limited in writing at least 14 days in advance if a change is required to the nominated account(s);
3. Have attached a bank statement copy with this request;
4. Warrant that the information provided is correct and not misleading;
5. Warrant that I/We are duly authorised to agree to the debiting and crediting of payments to the account or accounts nominated in this form; and
6. Warrant that any individual signatory is authorised to sign this form on behalf of the Merchant.

Name*

Name

Date* (dd/mm/yy)

Date (dd/mm/yy)

Signature* X.....

Signature* X.....

PRINT FORM