

Change of bank account details form



Complete this form to update bank details.

This form can only be completed digitally. Handwritten forms will not be accepted.

The form must be signed by **2** Authorised Signatories. We do not accept initials or stylised digital signatures i.e. typing a signature using Adobe fonts, Adobe Reader or DocuSign fonts.

Email the completed form to:

General Government:

general.instructions@tcorp.nsw.gov.au

Local Government:

lgs@tcorp.nsw.gov.au

A. Name of Client Organisation

B. Client Organisation's details

Address (place of business)

State

Postcode

Postal address

State

Postcode

C. Existing bank account details

Name of Australian financial institution

Westpac

Commonwealth Bank

ANZ

National Australia Bank

Other

BSB

Account number

Account name

D. New bank account details

Name of Australian financial institution

Westpac

Commonwealth Bank

ANZ

National Australia Bank

Other

BSB

Account number

Account name

TCorp will initiate a separate verification email to confirm the new bank account details provided. TCorp will follow up the email with a phone call back to a different person to the one that replied to the verification email.

Do the new bank account details replace the existing bank account details?

Yes

No

NB: Selecting 'Yes' gives TCorp consent to delete the existing bank account details from our records.**E. Declaration and authorisation**

I/We declare that:

- All details in this form are true and correct.

Important information

- For the purpose of executing this form, **2** Authorised Signatories are required to sign.
- Please provide evidence of the Authorised Signatory's authority via the Authorised Signatory List Form and Delegations of Authority. If these documents are unavailable, contact your client relationship manager.

The Client Organisation (**the Client**) acknowledges and agrees the following in favour of New South Wales Treasury Corporation (**TCorp**):

Authorised Signatory means a person who is authorised to open or close accounts with TCorp, on behalf of the Client.

This form must be signed by two Authorised Signatories, unless otherwise agreed with TCorp in advance. Each signatory will be duly authorised to open or close accounts with TCorp on behalf of the Client. No other employee or agent of the Client shall have the power to authorise transactions with TCorp on behalf of the Client

The Client accepts full responsibility for any new account opening activities conducted by its Authorised Signatories and will ensure that the Authorised Signatories have read and understood the relevant terms and conditions of the relevant products or services.

The Client agrees to indemnify TCorp against all loss, liabilities and costs incurred directly or indirectly in connection with any action by its Authorised Signatories under their appointment.

The Client acknowledges that foreign exchange services are subject to the terms of the TCorp Foreign exchange settlement form, which can be accessed on the **TCorp website** and **TCorp Client Portal**.

Privacy Collection Statement: TCorp is required to comply with the Information Privacy Principles (IPPs) in the *Privacy and Personal Information Protection Act 1998* (NSW) (PIIP Act). Any personal information you provide to us will be used and disclosed by TCorp only for the purposes for which it has been provided, or a directly related purpose, unless you consent to another use or disclosure or as otherwise required or authorised by law.

F. Authorised Signatory All fields required

Title
 Mr Mrs Miss Ms Other

Full given name(s)

Surname

Job title

Email address

Work phone number
 ()

Mobile phone number

Signature
 (We do not accept initials or stylised digital signatures i.e. typing a signature using Adobe fonts, Adobe Reader or DocuSign fonts)

Date (DD/MM/YYYY)

Authorised Signatory All fields required

Title
 Mr Mrs Miss Ms Other

Full given names(s)

Surname

Job title

Email address

Work phone number
 ()

Mobile phone number

Signature
 (We do not accept initials or stylised digital signatures i.e. typing a signature using Adobe fonts, Adobe Reader or DocuSign fonts)

Date (DD/MM/YYYY)

By providing your email address, you agree that we may provide you with information, including statements, transaction confirmations, reporting and other communications relating to your account via email.

Email the completed form to:

General Government:
general.instructions@tcorp.nsw.gov.au

Local Government:
lgs@tcorp.nsw.gov.au

Contact details

Please contact your client relationship manager for more information

General Government:
Phone +61 2 9325 9267

Email clientservices@tcorp.nsw.gov.au

Local Government:
Phone +61 2 9325 9251

Email lgs@tcorp.nsw.gov.au

Internal use

FM Ops verification