

## External Funds Transfer (pay anyone) request form

Complete and return this form (along with evidence of payout account) to support@heartlandbank.com.au. Requests will be completed within one to two business days. If you require assistance in completing this form, or if your request is urgent, contact us on **1300 889 338**.

Section 1: Account holder details	
Account number	
Primary account holder	Secondary account holder
Surname	Surname
Given name(s)	Given name(s)
Date of birth DD IMMIIYYYY	Date of birth DD / MM / YYYY
Section 2: External funds transfer to	
Full name	
BSB -	
Account number	Payment Date D D / M M / Y Y Y Y
Reference	Amount \$
Section 3: <b>Declaration</b>	
Please read and consider the General Terms and Fees an are available on our website heartlandbank.com.au or by	nd Charges Schedule as applicable. Copies of these documents contacting our office on <b>1300 889 338</b> .
You agree and/or acknowledge:	
and Charges Schedule, as applicable and agree to acc 2. that there are fees associated with us processing pay in our Fees and Charges Schedule; and	ment requests on your behalf, and that these fees are disclosed beneficiary. By providing an incorrect BSB and/or account
Signature	Signature
Date D D / M M / Y Y Y	Date D D / M M / Y Y Y

Heartland Bank Australia Limited ABN 54 087 651 750 (Australian Financial Services Licence /Australian Credit Licence 245606)