**Bank Reconciliation Form**

**BANK ACCOUNT DETAILS**

Payments cannot be made to credit card, loan or mortgage accounts.

**6). Name of Bank, Building Society or Credit Union**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Branch where your account is held**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Branch Number (BSB)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **-** |  |  |  |

**Account Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Account Held in the Names of:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT**

**People over 14 have to sign to indicate consent for their payments.**

|  |  |
| --- | --- |
| **Signatures** | **Date:****\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** |
| **Signatures** | **Date:****\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** |
| **Signatures** | **Date:****\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** |
| **Signatures** | **Date:****\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** |

**Internal Account Information:**

Complete this form if you would like to register and store your bank account details for the purpose of making payments to you.

You can also register your bank account details:

* By calling xxxxxxxx
* In person at your \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Online At www.bankwebsite.com

**Assistance**

If you need help completing this from call \_\_\_\_\_\_\_\_\_\_\_\_\_ or visit www.bankwebsite.com

**Lodgment**

Send this completed form to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOU’RE DETAILS**

 **1). Bank card Number**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **-** |  |  |  |  |  | **-** |  | **Reference No.** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2).**  | **Dr** |  | **Mr** |  | **Mrs** |  | **Miss** |  | **Ms** |  |

**Family Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Given Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **3). Date of Birth:**  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

 **4: Postal Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Postal Code**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5). Daytime Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_