

CCFS Account Transfer Request Form



This form may be lodged with CCFS:
by post:

Churches of Christ Financial Services
PO Box 5302,
South Melbourne Vic 3205

by email:

info@ccfsaustralia.org.au



Helpful hints for completing this application

- This form is for Retail and Associates (ASIC) and Affiliates (APRA) of Churches of Christ. This includes churches and organisations, Ministers, employees, formally appointed volunteers and ministry trainees.
- Signatories on the investment (not already identified) are to verify their identification via the link available on the CCFS website, verify with Digital ID.
- Please ensure all steps are completed where required.
- This form needs to be signed in accordance with the accounts signing authority.



Need help or have a question?

Call us on **1300 MY CCFS (1300 69 22 37)** Visit us at www.ccfsaustralia.org.au or
Email us at info@ccfsaustralia.org.au

Please use **BLOCK LETTERS** in **BLACK OR BLUE PEN ONLY** and ☒ tick required choices

STEP 1: INVESTOR DETAILS

Investor Details

Please provide your Investor RIM Number

Name of Investor

STEP 2: TRANSFER DETAILS

From Account

Account Name

BSB

Account Number

STEP 3: TO ACCOUNT

Account Name	
<input type="text"/>	
BSB	Account Number
<input type="text"/>	<input type="text"/>
Transfer Amount	Transfer Date
<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

STEP 4: REASON FOR TRANSFER

STEP 5: IMPORTANT STEPS BEFORE CLOSING YOUR CCFS ACCOUNT

- ☐ Request to transfer any remaining funds to a nominated CCFS or external account (Step 3 on this form).
- ☐ Cancel any auto transfers linked to the closing account. CCFS can help you, if you are unsure please email CCFS.
- ☐ Cancel any direct debits you have on the account. You must contact your providers. CCFS cannot cancel direct debits.
- ☐ If you have a deposit book or cheque book linked to the closing account, please dispose of it.

STEP 6: DETAILS OF AUTHORISED SIGNATORIES

**** PLEASE ENSURE THAT ACCOUNT SIGNATORIES COMPLETE THIS SECTION ****

☐ **Authorisers**

SIGN HERE	Authorised signatory 1	Print full name
	<input type="text"/>	<input type="text"/>
		Date
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SIGN HERE	Authorised signatory 2	Print full name
	<input type="text"/>	<input type="text"/>
		Date
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>