



Local telegraphic transfer request

Please type using **capitals only**. Email to international.payments@cua.com.au or fax to: 07 3226 2475

SENDER'S DETAILS

Member number:	<input type="text"/>	Account number to debit:	<input type="text"/>
Member name:	<input type="text"/>		
Full residential address (no PO box):	<input type="text"/>		
Town/City:	<input type="text"/>	Country:	<input type="text"/>
Contact number:	<input type="text"/>	Amount to remit: (not including fee)	<input type="text"/>
Purpose:	<input type="text"/>		

A specific purpose/reason must be supplied for all transfers.

RECIPIENT'S DETAILS

Branch number (BSB):	<input type="text"/>	Receiving institution:	<input type="text"/>
Beneficiary account number:	<input type="text"/>		
Beneficiary account name:	<input type="text"/>		
Special instructions/reference:	<input type="text"/>		

MEMBER DECLARATION

I/We hereby confirm that the information supplied is complete and correct to the best of my/our knowledge. I/We understand that all personal details disclosed remain confidential. Information may be disclosed to other financial institutions involved in the transfer of funds as part of business practice and in accordance with legislative requirements. I/We have read and accept the above conditions of this request.

Signature:	<input type="text"/>	Date:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

Please note: This request must be signed in accordance with the signing requirements of the account to be debited.

BRANCH USE ONLY

Signature verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of ID:	<input type="text"/>
Signature verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of ID:	<input type="text"/>
Branch name:	Staff initials:	<input type="text"/>

REQUEST FOR LOCAL TELEGRAPHIC TRANSFER TERMS AND CONDITIONS - MEMBER COPY

Terms and conditions:

1. By signing this request you undertake that you have confirmed the payment instructions to be complete and correct and that you have read, understood and accept the below conditions.
2. Please refer to the Schedule of Fees for the current fee for this service.
3. While payments from CUA are noted as all fees having been paid in advance, other institutions may, at their discretion, deduct a fee for the receipt and processing of these funds.
4. Local telegraphic transfer requests are processed upon receipt of the request by staff at a CUA hub office. Please note: Requests received prior to 1pm Queensland time will be processed on the same day. Requests received after this time will be processed the next business day.
5. Local telegraphic transfers may take one working day to reach a destination account, however this is a guide only and cannot be guaranteed.
6. CUA and our service providers will make every effort to ensure the prompt delivery of your request but do not accept responsibility for delays caused by circumstances beyond our control.
7. CUA and our service providers do not accept liability for any loss incurred due to incorrect or incomplete information being supplied in this instruction.

Please note: CUA and Cuscal requirements are subject to change.

BRANCH DATE STAMP

Please retain as confirmation of lodgement.

Branch name: