

HSBC Everyday Savings Change of Nominated Account

Complete the form using blue or black pen and print in clear CAPITAL LETTERS

Mail the completed form to	: GPO Box 3096, PARI	RAMATTA NSW 2124	OR	Fax to: 1300 765 150
ACCOUNT DETAILS				
HSBC Everyday Savings account number		Account holder(s) name(s)		
CUSTOMER 1 Title First name	Middle name(s)	CUSTOMER 2 Title First na	me	Middle name(s)
Surname		Surname		
NEW NOMINATED ACCOUNT DI	ETAILS			
Please provide your new Australide deposit account with an Australia			st be an Aus	tralian dollar personal
Name of financial institution				
Nominated account holder(s) name(s) *		BSB Account number		
* The management of a second to a left out		tab the USBC From Idea.		
* The nominated account holder(s) name(s) WOST mat	cn the HSBC Everyday	Savings acco	ount noider(s) name(s).
AUTHORISATION	D 1			D 4
Signature of Account Holder 1	Date DD/MM/YY	Signature of Accoun	t Holder 2	Date DD/MM/YY
X		' X		
Office Use Only				

Staff Digital Signature