

POSTAL INVESTMENTS TRANSFER AUTHORISATION FORM

OFFICE USE ONLY

DATE	TYPE	SOURCE
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I/We* authorise the Society to undertake the following transaction on my/our* account.

ACCOUNT TO BE CLOSED Account no. from

tick if applicable

Account no. to

Transfer Amount

OFFICE USE
ONLY

Contact phone number

.....

The passbook must accompany this authority and will be returned to the customer(s). Please ensure that the address shown on the passbook is correct. If it is not, please advise in writing of the new address and sign the letter. Passbooks will be returned to the address held on Society's records.

Signature(s) _____

Signature(s) checked _____