



DIOCESAN INVESTMENT FUND TRANSFER AUTHORITY

ABN 32 991 362 517
Phone 1800 802 516
Fax 02 6622 4238

Account Number

Name:

Authorised User (if other than account holder):

Address:

I/We hereby request Diocesan Investment Fund to set up the following accounts (maximum 5) with Diocesan Investment Fund or other financial institutions that are **in same or related name** that are shown above for future Diocesan Investment Fund Online transfers. I/We understand Diocesan Investment Fund Online transfers can only be made to these nominated accounts.

	Name of Financial Institution	BSB No.	Account No.	Account Name
1				
2				
3				
4				
5				

I/We have read and accept the terms and conditions as outlined in the Diocesan Investment Fund Online Terms & Conditions of Use.

I/We acknowledge that this authority will remain in place until further written notice has been received, and any changes or additions to the above Bank Account details require the completion of a new Transfer Authority form.

Signature:

(If more than one signature, ie joint/company)

NOTE: All joint, company and superannuation fund accounts need all signatures as currently held to operate account.

Date:

OFFICE USE ONLY:

Signature Verified

Date Processed

Processed By

Primary A/c No.