

funds withdrawal / transfer



Date: / /20

Member No: _____ Account Name/s: _____
Account No: _____ Type: _____ Total Amount: \$ _____

Funds disbursement (please provide details over leaf)

Disbursement type (please tick): Gateway account/s Other account/s Prepare cheque/s

Signature of account holder/s: _____

| |
|--------------|
| Teller Stamp |
|--------------|

Gateway Bank Ltd

ABN 47 087 650 093 AFSL 238293

mail to: GPO Box 3176, Sydney NSW 2001

www.gatewaybank.com.au

t: 1300 302 474 f: 02 9307 4299

e: memberservices@gatewaybank.com.au



transfer / cheque
(please tick)

-
-
-
-
-
-

| Pay to | BSB | Account No. | Amount | Office use |
|--------------|-----|-------------|--------|------------|
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| TOTAL | | | \$ | |

By signing this form, it is agreed that: 1. Gateway Bank Ltd will not accept any request for stop payment of a cheque unless written direction is produced from the authorised signatory (or signatories) to the account and 2. Members should note that in the event Gateway agrees to stop the payment of any cheque, it will require the relevant Member(s) to sign an indemnity in the form approved by Gateway before request for stop payment of the cheque will be processed.