CommonwealthBank
Commonwealth Bank of Australia
ABN 48 123 123 124

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Fax 1800 422 083
Cash Services
Locked Bag 34
Australia Square NSW 1214
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www.commsecadviserservices.com.au

Transfer Request Form

Use this form to request a transfer of funds into and/or out of your Accelerator Cash Account (ACA).

Where to send the completed form?

One completed and signed, please return the form by email, fax or post to the details provided above.

Section 1 – Type of Transfer

MANDATORY

Please select the type of funds transfer you are requesting:

- ☐ Deposit funds into your ACA from another Commonwealth Bank account (in your name)
- ☐ Withdraw funds from your ACA to another bank account

Section 2 – Transfer Details

We are only able to transfer funds into your ACA from other Commonwealth Bank accounts that are in your name.

From Account

Account Name

BSB

Account Number

Transfer Description

Transfer Amount

$

In words

To Account

Please take care in providing payee account details as payments will be processed by BSB and account number only. In the event that an incorrect payment occurs we do not accept any liability for the loss of funds or guarantee their recovery.

Account Name

BSB

Account Number

Section 3 – Adviser/Account Holder Declaration & Signature

Adviser Initiated Transfers

Adviser(s) or Authorised Signatory(s) with authority to operate on the ACA are able to request the following transfers from the ACA to a:

- a bank account held with another financial institution in the same name.
- a Commonwealth Bank account in a third party name.
- a bank account held with another financial institution in a third party name.

Account Holder Initiated Transfers

To transfer funds from another Commonwealth Bank account to the ACA provided, both accounts must be in the same name. Account Holder signature/s are required for this request.

Where the account's method of operation or the Authority to Operate requires more than 1 signature, the relevant signatories must sign this form.

Adviser/Account Holder 1

Name

Signature

✗

Date

DD / MM / YYYY

Adviser/Account Holder 2

Name

Signature

✗

Date

DD / MM / YYYY

If there are more than 2 account holders or authorised signatories, please photocopy this page, complete this section and attach to the form.