



**Robe River Kuruma Aboriginal Corporation**

**Change of Banking Details Form**

**BENEFICIARY INFORMATION**

Application Date:			
First Name:			
Surname:			
Mobile Number:		Date of Birth:	
Email:			

**PREVIOUS BANK ACCOUNT DETAILS**

Account Name:		Bank Name:	
BSB Number:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		
Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**NEW BANK ACCOUNT DETAILS**

Account Name:		Bank Name:	
BSB Number:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		
Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**SUPPORTING DOCUMENTATION**

Date effective:			
Supporting documentation provided by:	<input type="checkbox"/>	Banking institution	
Beneficiary Signature:		Date:	/ /

**Please send completed forms and supporting documents to RRKAC**  
**by: Fax:** (08) 9185 6006 **Email:** [memberservices@rrkac.org.au](mailto:memberservices@rrkac.org.au)  
**Mail:** RRKAC PO Box 1944, KARRATHA WA 6714  
 If you have any queries, please contact us on (08) 9185 5005