

Benefits for paid accounts can be paid directly into your bank, building society or credit union account. If you wish to select this payment option please tick this box CF Membership No.			Complete and mai	Complete and mail to: Reply Paid,
			HCF	1
			or visit your local b hcf.com.au/branc or email:	or call us: 13 13 34 or visit your local branch: hcf.com.au/branches or email: directcredit@hcf.com.au
YOUR PERSONAL DETAILS (PLEASE USE CAPITAL LETTERS AND A B	BLACK PEN)		
Title First name		Mid	ldle initial	
Surname				
Email address (by providing your e	email address you have consented fo	r HCF to send communi	cation, where possible, electronically.)	
NAME OF FINANCIAL INCTI	TUTION			
NAME OF FINANCIAL INSTI				
If you have not previously supplied	d us with your banking details, please	e do so by completing yo	ur account details for one of the following:	
Name of financial institution		BSB No.	Account No.	
Branch				
Didilcii		Account holder r	ame (first initial and surname)	
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DIGITOR		Account holder r	ame (first initial and surname)	
	e on the full range of accounts. If in d			
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