

PERSONAL DETAILS CHANGE FORM

Please complete this form and return to Paradigm
 PO Box 5639 Perth WA 6831 | F: 1300 737 285 | E: memberservices@paradigmstm.com.au

1. PERSONAL DETAILS

Paradigm Number:			
First Name:		Date of Birth:	
Surname:		Paradigm Password:	

2. CHANGE TO PERSONAL DETAILS

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____	Please tick your preferred contact method:
First Name:		<input type="checkbox"/> Home Phone: _____
Surname:		<input type="checkbox"/> Work Phone: _____
Address:		<input type="checkbox"/> Mobile: _____
Suburb/Postcode:		<input type="checkbox"/> Email: _____

3. NEW REIMBURSEMENT ACCOUNT DETAILS

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

4. NEW DIRECT PAYMENT DETAILS FOR SUPPLIER

Paradigm requires substantiation for the change of payment directly to a supplier for several benefits including mortgages and personal loans. In these instances, please provide mortgage statements or bank statements.

Please update payments details for my _____ benefit.

<input type="checkbox"/> Electronic Funds Transfer (EFT)		<input type="checkbox"/> BPay	
Supplier Name:		Biller Code:	
Reference:		BPay Reference:	
Bank Name:		Biller Name:	
BSB: <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"/> <input type="text"/>		

Please contact Paradigm if cheque payment is required.

5. NEW FINANCIAL PLANNER OR AUTHORISED CONTACT DETAILS

Please complete the following details to grant access your accounts.

Company Name:		Contact Number:	
Name:		Email Address:	

6. DECLARATION

I confirm the above change of details.

Signature: _____ Date: _____