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# Confirmation of Payee (CoP) – Request for Opt-out

|                  |                      |                |                      |
|------------------|----------------------|----------------|----------------------|
| Full Name:       | <input type="text"/> |                |                      |
| Address:         | <input type="text"/> |                |                      |
| Member Number/s: | <input type="text"/> |                |                      |
| Account No/s:    | <input type="text"/> |                |                      |
| Phone Number:    | <input type="text"/> | Email Address: | <input type="text"/> |

## Reasons for Opt-Out

(Please disclose all information relating to this request and attach as much documentation as possible to support the request).

## Authorisation

|                      |                      |
|----------------------|----------------------|
| Signature            | Date                 |
| <input type="text"/> | <input type="text"/> |

Please return completed form to:  
[confirmpayeeoptout@summerland.com.au](mailto:confirmpayeeoptout@summerland.com.au)