

Authority for automatic payments

Not to operate as an assignment or an agreement.

BANK USE ONLY:

A/P No.	Type	Charge	Bank Int.	Non Std Com.	Bulk/G.A. Code	Freq. O'ride
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payer details

To the manager

Name of bank

Branch

Address

Account name

Important please tick

This is a new authority,
or
 As from this authority replaces existing authorities for
 \$
 (first payment date) in favour of the same payee

Account details

Bank Branch Account number Suffix

On behalf of (Name if other than payer)

Details to appear on my/our bank statement

Particulars (max 12 characters) Code (max 12 characters) Reference (max 12 characters)

Frequency and amount

or until further notice (tick)
 First payment date Last payment date

Frequency

Weekly Fortnightly Four weekly Monthly Other
 Specify other period

Fixed amount

Amount \$ Amount in words

Variable amount

Complete if applicable (one option only)

Variable first amount
 Variable last amount Amount \$ Amount in words

Payee details

Pay to the credit of

Name of bank Branch

Account name

Bank Branch Account number Suffix

Details to appear on my/our bank statement

Particulars (max 12 characters) Code (max 12 characters) Reference (max 12 characters)

Authorisation

- Please make this automatic payment as detailed by debiting my/our account.
- I/We understand and accept that the Bank accepts this authority only on the conditions overleaf.

Customer to complete

Account name Account name

Signature Signature

Telephone Telephone

Conditions

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
2. The Bank is not responsible or liable for failing to give effect to the directions in this authority where the failure is beyond its control (e.g. service outages), due to a reasonable concern (e.g. fraud), or to the extent that the failure causes indirect, consequential, or economic loss.
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I/We undertake to advise the Bank immediately for any information about payments shown on bank statements which are incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
6. The Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any monies pursuant to this or any other authority which I/We may now or hereafter give to the Bank or draw on my/our account.
7. The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account.
8. The Bank may terminate or reduce this authority (acting reasonably) by giving notice where practicable. The payee may also terminate or reduce this authority, without notice.
9. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

Alteration to fixed amount

Please alter the fixed amount of this transfer

As from

D D M M Y Y	Fixed amount \$	Amount in words
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Customer signature

D D M M Y Y	Fixed amount \$	Amount in words
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Customer signature

BANK USE ONLY:

Date received:

D D M M Y Y

Recorded by:

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Checked by:

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Bank Stamp

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X Code Reason

Sign |