

# Authority for automatic payments

(Not to operate as an assignment or an agreement)

TIP: If you need help filling out this form, a help guide is on the back.

To the Manager

Your branch NAME

Please tick one, and complete ALL sections

new automatic payment, **OR**

change an existing automatic payment. The current amount being paid is \$ \_\_\_\_\_

## A: Pay from

Pay from NAME

Pay from

BANK

BRANCH

ACCOUNT

SUFFIX

Details to appear on my/our bank statement:

PARTICULARS

CODE

REFERENCE

## B: Payment details

Regular payment amount \$ \_\_\_\_\_

First variable payment amount if different from regular amount \$ \_\_\_\_\_ (if required)

**OR**

Last variable payment amount if different from regular amount \$ \_\_\_\_\_ (if required)

Frequency (please tick one)

Weekly  Fortnightly  Monthly  4-weekly  6-monthly  Yearly

First payment date DAY / MONTH / YEAR

Last payment date DAY / MONTH / YEAR

**OR**

Until further notice (please tick)

## C: Pay to

Pay to NAME

Pay to

BANK

BRANCH

ACCOUNT

SUFFIX

Details to appear on their bank statement:

PARTICULARS

CODE

REFERENCE

## D: Authorisation

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

Customer's signature  Contact phone number  Date DAY / MONTH / YEAR

Customer's signature  Contact phone number  Date DAY / MONTH / YEAR