

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

Payer details

To the manager

Name of bank

Store/Branch

Address

Account name

Important please tick

This is a new authority,
or
 As from \$

(first payment date), in favour of the same payee

Account details

Bank Store 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 Store/Branch

Account name

Bank Store/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

Signature Telephone 0

Account name

Signature Telephone 0

