

### 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 

D	D	M	M	Y	Y
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 \$ \_\_\_\_\_  
(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

D	D	M	M	Y	Y
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 or until further notice (tick) 

D	D	M	M	Y	Y
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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 \_\_\_\_\_    

D	D	M	M	Y	Y
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Account name | \_\_\_\_\_

Signature | \_\_\_\_\_    Telephone 0 \_\_\_\_\_    

D	D	M	M	Y	Y
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