

Important – Please Tick

- This is a new authority, or
- On and from _____ (first payment) this authority replaces the existing authority for \$ _____ in favour of the same payee.

Payer Details

Name of Bank

Name and account number to be debited: Name of Account

Bank/Branch

--	--	--	--	--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--

Suffix

--	--

Details to appear on my/our bank statement:

Particulars

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Frequency and Amount

First Payment Date Last Payment Date or until I revoke the authority *(tick)*

Frequency: *(tick one)*

- Weekly Fortnightly Monthly Other

Amount of automatic payment:

Amount \$ _____ Amount in Words _____

If the first or last payment will be a different amount, please tick the appropriate box and enter the amount:

Variable amount: *(tick one)* First Last

Amount \$ _____ Amount in Words _____

Payee Details

Pay:

Name of Bank

Name of Account

Bank/Branch

--	--	--	--	--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--

Suffix

--	--

Details to appear on payee's statement

Particulars

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Code

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Reference

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Authorisation

From the payer to _____ (my bank)

I authorise you to make automatic payments to the payee.

I agree that this authority is subject to the bank's terms and conditions that relate to my account.

Customer's Signature _____ Contact Telephone No. _____ Date _____

Customer's Signature _____ Contact Telephone No. _____ Date _____

Bank Use only: Date received: _____ Recorded by: _____ Checked by: _____