PAYER DETAILS

To the Manager

AUTHORITY FOR AUTOMATIC PAYMENTS

(Not to operate as an assignment or an agreement)

Name of Bank	IMPORTANT PLEASE TICK
Branch	☐ This is a new authority. OR ☐ As from _____ (first payment date), this authority replaces existing authorities for $ _____ in favour of the same payee.
Address	
Name of Account	

Account details:

On behalf of:
Name if other than payer

Bank | Branch number | Account Number | Suffix

Details to appear on my/our bank statement.

Particulars | Code | Reference

FREQUENCY AND AMOUNT

First Payment Date 20	Last Payment Date 20	OR	Until further notice Tick

Tick Box: Weekly | Fortnightly | Four Weekly | Monthly | Specify other period

Fixed Amount	Amount $	Amount in Words

Complete if applicable (tick one box only)

Variable First Amount ☐ / Variable Last Amount ☐	Amount $	Amount in Words

PAYEE DETAILS

For payment by cheque tick box ☐ and complete section on reverse (leave this section blank)

Pay to the credit of:

Name of Bank

Branch

Account details

Name of account:

Bank | Branch number | Account Number | Suffix

Details to appear on payee's bank statement.

Particulars | Code | Reference

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.

Name of account - customer to complete

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PLEASE TURN OVER