

AUTOMATIC PAYMENT AUTHORITY (Not to operate as an assignment or agreement)

PAYER/SUPPORTER DETAILS:

To The Manager

Name of Bank

Branch

Bank Address

Name of Account

Account Number

PAYEE DETAILS:

Pay to the credit of:

Name of Account

Account Number

PAYMENT DETAILS:

A New Authority \$ _____ OR

An Alteration. This Authority replaces an existing payment for \$ _____ in favour of the same payee.

Details to appear on my/our bank statement (Payer/Supporter)

Particulars

Code

Reference

Details to appear on their bank statement (Payee)

Payer/Supporters Name

Code

Reference

Start/Change date

Pay until (please tick appropriate box)

Further notice, OR

Final payment amount of \$ _____ on

Frequency of payment (please tick appropriate box)

Weekly Fortnightly Monthly Quarterly Other _____ (please specify)

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 upon the conditions listed below.

Name of Account

Account Number

Customer's Signature(s)

Date

Daytime Contact Number

x _____

() _____

x _____

() _____

TERMS AND CONDITIONS:

- The Bank will endeavour to effect such automatic payments without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow any such instructions. Further, the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In any event this authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
- The Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any moneys pursuant to this or any other authority or cheque which I/we may now or hereafter give to the Bank or draw on my/our account.
- This authority may be terminated or reduced without notice to me/us in respect of the payment detailed above, by the Bank, or the Payee.
- This order will remain in full force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this order until notice of my/our death, bankruptcy or such revocation is received by the Bank.
- In the event of the payment not being provided for on the due date, the Bank need not be concerned any further with payment for that period which will then become my/our responsibility.
- The Bank is authorised to advise the payee of my/our recorded address if requested by the payee in respect of this payment to the payee.
- All current Bank charges for this service in force from time to time are to be added to the payment amount and debited to my/our account.

FOR BANK USE ONLY:

Date Received:

Recorded By:

Checked By:

Signature Verified By:

/ /

Bank Stamp