

### 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
---	---	---	---	---	---

 \$ |  
 (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
---	---	---	---	---	---

 | 

D	D	M	M	Y	Y
---	---	---	---	---	---

 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 | 

D	D	M	M	Y	Y
---	---	---	---	---	---

  
 Account name |  
 Signature | Telephone 0 | 

D	D	M	M	Y	Y
---	---	---	---	---	---

