

PAYER DETAILS

To the Manager

Name of Bank
Branch
Address
Name of Account

**AUTHORITY FOR
AUTOMATIC PAYMENTS**

(Not to operate as an assignment or an agreement)

IMPORTANT PLEASE TICK

This is a new authority.
OR
 As from _____ (first payment date), this authority replaces existing authorities for \$ _____ in favour of the same payee.

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	Last Payment Date	OR	Until further notice
20	20		Tick

Tick Box	Weekly	Fortnightly	Four Weekly	Monthly	Specify other period
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Fixed Amount	Amount	Amount in Words
	\$	

Complete if applicable (tick one box only)

Variable First Amount	Amount	Amount in Words
	\$	
Variable Last Amount		

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

Name of account:

Bank	Branch number	Account Number	Suffix
_____	_____	_____	_____

Details to appear on payee's bank statement.

Particulars	Code	Reference
_____	_____	_____

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.

Name of account - customer to complete

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PLEASE TURN OVER

