

## Authority for Automatic Payments

(Not to operate as an assignment or an agreement)

FOR BANK USE	A/P No	Type	Charge	Bank Int.
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non Std Com.	Bulk/G.A. Code	Freq. Or'de	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

<b>PAYER DETAILS To the Manager</b>	
Name of Bank	<b>IMPORTANT PLEASE TICK</b> <input type="checkbox"/> This is a new authority OR <input type="checkbox"/> As from _____ (first payment date), this authority replaces existing authorities for \$ _____ in favour of the same payee.
Branch	
Address	
Name of Account	

Account details: On behalf of: Name if other than payer:

Bank	Branch number	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details to appear on my/our bank statement.

Particulars	Code	Reference
TAX AND TRUST	303	ACCOUNTANCY

### FREQUENCY AND AMOUNT

First Payment Dat	Last Payment Dat	OR	Until further notice
<input type="text"/>	<input type="text"/>		Tick: <input type="checkbox"/>

Tick Box:  Weekly  Fortnightly  Four Weekly  Monthly  Specify other period

Fixed Amount	Amount \$	Amount in Words
<input type="text"/>	<input type="text"/>	<input type="text"/>

Complete if applicable (tick one box only)

Variable First Amount	Amount \$	Amount in Words
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Variable Last Amount	<input type="text"/>	<input type="text"/>

### PAYEE DETAILS Pay to the credit of:

Name of Bank	Branch
<input type="text"/>	<input type="text"/>

Name of account:

Bank	Branch number	Account number	Suffix
TAX & TRUST PROF	020152	0095600	000

Details to appear on payee's bank statement.

Particulars	Code	Reference
<input type="text"/>	<input type="text"/>	<input type="text"/>

### AUTHORISATION

- Please make this automatic payment by debiting my/our account
- I/We understand and accept that the Bank accepts this authority only on the conditions overleaf.

NAME OF ACCOUNT .....

SIGN HERE .....

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Contact Phone No.)

