

Authority for automatic payments

(Not to operate as an assignment or an agreement)

A: Payer details

To the Manager

Name of bank _____ Branch _____

Address _____

Name of Account _____

Important – please tick

This is a new authority, OR

as from DAY / MONTH / YEAR (first payment date), this authority replaces existing authorities

for \$ _____ in favour of the same payee.

Account details:
BANK BRANCH ACCOUNT NO

On behalf of (name of other than payer):

Details to appear on my/our bank statement:

PAYEE NAME CODE REFERENCE

B: Frequency and amount

First payment date DAY / MONTH / YEAR Last payment date DAY / MONTH / YEAR

OR Until further notice (please tick)

Frequency: (please tick) Weekly Fortnightly Four weekly Monthly Specify other period

Fixed amount: Amount \$ _____ Amount in words: _____

Complete if applicable (tick one circle only): Variable first amount Variable last amount

Amount \$ _____ Amount in words _____

C: Payee details

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

Pay to the credit of: _____ Branch _____
BANK OF AUSTRALIA

Name of account:

Account details:
BANK BRANCH ACCOUNT NO

Details to appear on payee's bank statement:

PAYEE NAME CODE REFERENCE

D: 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) _____

Customer's signature _____ Contact phone number _____ Date DAY / MONTH / YEAR

Customer's signature _____ Contact phone number _____ Date DAY / MONTH / YEAR

