

PAYER DETAILS To the Manager

NAME OF BANK

BRANCH

ADDRESS

NAME OF ACCOUNT

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

Bank

Branch

Account Number

Suffix

DETAILS TO APPEAR ON MY/OUR BANK STATEMENT

Description

FREQUENCY AND AMOUNT

FIRST PAYMENT DATE

LAST PAYMENT DATE

OR UNTIL FURTHER NOTICE (TICK)

(TICK) WEEKLY

FORTNIGHTLY

FOUR WEEKLY

MONTHLY

FIXED AMOUNT

AMOUNT

AMOUNT IN WORDS

PAYEE DETAILS PAY TO THE CREDIT OF:

NAME OF BANK

BRANCH

NAME OF ACCOUNT

ACCOUNT DETAILS

Bank

Branch

Account Number

Suffix

DETAILS TO APPEAR ON PAYEE'S BANK ACCOUNT

Particulars

Code

Reference

(Please enter your name and the purpose of the payment.)

REFER TO CONDITIONS AND SIGNING OVERLEAF

CONDITIONS:

1. The Society 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 of for late payment or for any omission to follow any such instructions. Further, the Society 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 Society in relation to my/our account.
2. The Society may in its absolute discretion conclusively determine the order of priority of payment by it 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 Society to draw on my/our account.
3. This authority may be terminated or reduced without notice to me/us in respect of the payment detailed above, by the Society, or the Payee.
4. This order will remain in full force and effect in respect to 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 Society.
5. In the event of the payment not being provided for on due date, the Society need not be concerned any further with payment for that period which will then become my/our responsibility.
6. The Society is authorised to advise the payee of my/our recorded address if requested by the payee in respect of this payment to the payee.
7. All current Society charges for this service in force from time to time are to be added to the payment amount and debited to my/our account.

AUTHORISATION

1. Please make this automatic payment 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

DATE

SIGNATURE

CONTACT
NUMBER

BANK USE:

Accepted By

Checked By

DATED
