

PAYER DETAILS To The Manager Name of Bank Branch Name of Account	AUTHORITY FOR AUTOMATIC PAYMENTS (Not to operate as an assignment or an agreement.) IMPORTANT PLEASE TICK <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.
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ACCOUNT DETAILS			
On behalf of:		<input style="width:100%;" type="text"/> (Name if other than payer)	
Bank/Branch/Account Number/Suffix			
<input style="width:50px; height:20px;" type="text"/>	<input style="width:100px; height:20px;" type="text"/>	<input style="width:200px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
Details to appear on my/our Bank statement.			
Particulars (max 12 characters)	Code (max 12 characters)	Reference (max 12 characters)	
<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	

FREQUENCY AND AMOUNT			
<input style="width:150px; height:25px;" type="text"/>	<input style="width:150px; height:25px;" type="text"/>	or	<input style="width:150px; height:25px;" type="text"/>
First Payment Date		Last Payment Date	
Frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
			<input type="checkbox"/> Four Weekly

Fixed Amount	Amount	Amount in Words
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Complete if applicable (one option only)		
Variable Amount	Amount	Amount in Words
<input type="checkbox"/> First <input type="checkbox"/> Last (tick one)	\$	

PAYEE DETAILS			
Pay to the credit of:			
Name of Bank	Branch		
<input style="width:100%;" type="text" value="WESTPAC"/>	<input style="width:100%;" type="text"/>		
Name of Account	Account Details (Bank/Branch/Account Number /Suffix)		
<input style="width:100%;" type="text" value="FAIR CITY FINANCE"/>	<input style="width:100%;" type="text" value="03-0502-0352110-01"/>		
Details to appear on payee's Bank statement.			
Particulars (max 12 characters)	Code (max 12 characters)	Reference (max 12 characters)	
<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	

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| CONDITIONS |
| <ol style="list-style-type: none"> 1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority. 2. Where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow such directions. 3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority. 4. I/We will advise the Bank immediately of any information shown on bank statements which is incorrect. 5. This authority is subject to any arrangement existing now or in the future between myself/ourselves and the Bank in relation to my/our account. 6. The Bank may in its absolute discretion determine the order or priority of payment by it of any money in accordance with this or any other authority or cheque which I/we may now or in the future give to the Bank or draw on my/our account. 7. The Bank may in its absolute discretion refuse to make any one or more payments in accordance with this authority where there are insufficient funds available in my/our account. 8. This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed above. 9. This authority will remain in force for all payments made in good faith notwithstanding my/our death or bankruptcy or any revocation of this authority until notice of my/our death or bankruptcy or any other revocation is received by the Bank. 10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account. |

AUTHORISATION	Bank use
<ol style="list-style-type: none"> 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 listed above. Name of Account (customer to complete)	Date received : / / Recorded by: Checked by:
Customer's Signature	Contact Telephone No. Date
Customer's Signature	Contact Telephone No. Date