

Authority to accept Automatic Payment Authority

(Not to operate as an assignment or an agreement)

▶ NAME OF ACCOUNT ▶ DATE

▶ Bank/Branch number, account number and suffix of account

YOUR BRANCH NUMBER

ACCOUNT NUMBER

SUFFIX

▶ To: The Manager (please print full postal address clearly)

BANK/BRANCH

ADDRESS (PO BOX)

TOWN / CITY

▶ AMOUNT \$ START CHANGE DATE FREQUENCY

DAY

MONTH

YEAR

FREQUENCY

CHRISCO

0 3 0 2 8 5 0 1 4 3 6 8 8 0 3

PAY TO ACCOUNT NO.

▶ FINAL PAYMENT \$

ON

DAY

MONTH

YEAR

▶ Information to appear on their statement

Particulars

Code

Reference

Information to appear on my statement

Particulars

Code

Reference

▶ AUTHORISED SIGNATURES **PLEASE SIGN HERE**

Conditions of this Automatic Payment Authority

1. The Bank 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 or for late payment or for any omission to follow any such instructions. Further, the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for the 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 Bank in relation to my/our account.
2. The Bank may in its absolute discretion conclusively determine the order or priority 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 Bank to draw on my/our account.
3. This authority may be terminated or reduced without notice by me/us in respect of the payment detailed above, by the Bank, or the Payee.
4. This order will remain in force and effect in respect of 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 bank.
5. In the event of the payment not being provided for on due date, the Bank need not be concerned any further with payment for that period which will then become my/our responsibility.
6. The Bank 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 Bank charges for this service in force from time to time are to be added to the payment amount and debited to my/our account.

By signing this authority you agree to having read and being bound by the conditions as stated above.

**For Bank
Use Only**

ACCEPTED BY

SIGNATURE VERIFIED

DETAILS ALT/LOADED

CHECKED TO DBR OF