Automatic payment form



| Payer details | | Authority for a | automatic payme | ents | |
|---|---|---|---|---|--|
| Name of your bank | | (Not to operate as an assignment or an agreement.) | | | |
| Your branch | | Important: pl | ease tick | | |
| Contact number | | This is a n | ew authority, or | | |
| Email address | | As from(first authority date) this authority replaces authorities | | | |
| Your account details | | for \$ | in favour of | the same payee. | |
| Name of account | | on behalf of (name, | if other than you) | | |
| | | nt number | Suffix | | |
| Information to appear on my/our bank state | ement | | | | |
| D M M F A P Payer particulars | | Payer code | | Payer reference | |
| Frequency and amount | | | | | |
| First payment dateLi | ast payment date | OR until fur | ther notice | | |
| Choose ONE Weekly | Fortnightly | our weekly S | pecify other period | | |
| Fixed amount Amount \$ | Amount in words | | | | |
| Payee details Pay to the credit of ANZ Branch Fe Bank account number 0 6 0 Bank | 5 9 4 0 0 7 | | count The Dame | Malvina Major Foundation | |
| Information to appear of their bank stat | | count number | Sullix | | |
| D O N A T I O N A Payer particulars | | Payer code | | Payer reference | |
| Authorisation | | | | | |
| Please make this automatic payment this authority only on the conditions I | | y/our account. I/W | e understand and | accept that the bank accepts | |
| Name of Account (customer to complete | | | | | |
| Authorised signature: | | Contact number: (| | Date: | |
| Authorised signature: | | Contact number: (|) | Date: | |
| Conditions of this authority 1. The bank will use reasonable care and skill to give eff 2. Where the directions given in this authority have beer responsibility or liability for any refusal or omission to 3. The bank accepts no responsibility or liability for the 4. I/ We undertake to advise the bank immediately of an 5. This authority is subject to any arrangement now or h 6. The bank may in its absolute discretion conclusively authority or cheque which I/we may now or hereafter 7. The bank may in its absolute discretion refuse to ma available in my/our account. 8. This authority may be terminated or reduced by the b 9. This authority will remain in force and effect in respector of this authority until notice or my/ | n given by me/us for the purposes of a or make payment or for any omission to accuracy of the information contained y information about payments shown nereafter subsisting between myself/or determine the order of priority of payn give to the bank or draw on my/ our act also any one or more payments pursua ank or the payee without notice to me, ect of all payments made in good faith | business, the bank accepts follow such directions. in the payment information for bank statements which is urselves and the bank in relationent by it of any monies pursecount. In to this authority where the sus in respect of the payment notwithstanding my/our decount delivers. | ields on this authority. incorrect. ion to my/our account. uant to this or any other are are insufficient funds s detailed overleaf. ath or bankruptcy or any | Bank use only Date received Recorded by Checked by Bank stamp | |