

E: Conditions

- the Bank will use reasonable care and skill to give effect to the directions given to it in this authority
- 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
- the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority
- I/we will advise the Bank immediately of any information shown on bank statements which is incorrect
- 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
- 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
- this authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed over
- this authority will remain in force for all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this authority until notice or my/our death or bankruptcy or other revocation is received by the Bank
- all current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

If you need to change any details to an existing payment, tick here and then complete the rest of the form.

This will tell us the name of the account you'd like the payment to come out of.

This information will tell you where the payment went to when you receive your statement.

This is the date you want the first payment made/changed.

If you've been told the final date the payment is to be made, put this here.

Tick here if you want the payment to keep going until you let us know to cancel it or if you haven't been given an end date.

Fill in the account number you'd like the automatic payment to be paid from.

If you've been told the first or last payment is different to your regular payment amount, put these amounts here, but you can only have a variable first or last payment amount, not both.

This tells us how often you want us to make the payment, it could be weekly, fortnightly, monthly, 4-weekly, 6-monthly, quarterly or yearly.

Tell us the name of the person who will be receiving the payment and what their account number is.

This will tell the person receiving the money where the money came from. Some companies need you to include a code or reference. Check with them on their requirements.

Westpac

Authority for automatic payments

(Not to operate as an assignment or an agreement)

To the Manager
Westpac Your branch **Queen Street**

Please tick one, and complete ALL sections
 new automatic payment, **OR**
 change an existing automatic payment. The current amount being paid is \$ _____

A: Pay from
 Pay from NAME _____
 Pay from
BANK BRANCH ACCOUNT SUFFIX

Details to appear on my/our bank statement:

PARTICULARS CODE REFERENCE

B: Payment details
 Regular payment amount \$ **120.00**
 First variable payment amount if different from regular amount \$ **240.00** (if required)
OR
 Last variable payment amount if different from regular amount \$ _____ (if required)

Frequency (please tick one)
 Weekly Fortnightly Monthly 4-weekly 6-monthly Quarterly Yearly


First payment date DAY / MONTH / YEAR _____
 Last payment date DAY / MONTH / YEAR _____
OR
 Until further notice (please tick)

C: Pay to
 Pay to **JOHN SMITH**
 Pay to
BANK BRANCH ACCOUNT SUFFIX

Details to appear on their bank statement:

PARTICULARS 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.**

Customer's signature  Contact phone number **466 3210** Date **28 / 07 / 2006**

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

Westpac use only Date received DAY / MONTH / YEAR _____ Received by _____

please turn over

Remember to sign this form, print your name below your signature, and if you can give us a phone number we'll be able to call you if we have any questions.