



PAYER DETAILS

To the Manager

AUTHORITY FOR AUTOMATIC PAYMENTS

(Not to operate as an assignment or an agreement)

IMPORTANT PLEASE TICK

Name of Bank	<input type="checkbox"/> This is a new authority OR
Branch	
Address	<input type="checkbox"/> As from _____ (first payment date), this authority replaces existing authorities for \$ _____ in favour of the same payee
Name of Account	

On behalf of:

Account details: Name if other than payer

Bank Branch number Account Number Suffix

Details to appear on my bank statement

Particulars	Code	Reference
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

FREQUENCY AND AMOUNT

First payment date	Last payment date	OR	Until further notice (tick) <input type="checkbox"/>
Tick Box	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Four weekly OR Specify other period

Fixed amount	Amount \$ _____	Amount in words _____
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Complete if applicable (tick one box only)

Variable first amount	Amount \$ _____	Amount in words _____
Variable last amount	Amount \$ _____	Amount in words _____

PAYEE DETAILS

For payment by cheque (tick box) and complete section on reverse

Pay to the credit of:

WESTPAC TRUST	Branch MORAY PLACE
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Name of account

KAIKORAI VALLEY COLLEGE

Account details

Bank Branch number Account Number Suffix

03 0905 0903706 00

AUTHORISATION

- Please make this automatic payment as detailed by my debiting account.
- I/We understand and accept that the Bank accepts this authority only on the conditions overleaf.

Name of account – customer to complete:

Customer signature Phone Date Customer signature Phone Date



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 conclusively 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;
- 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 of 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.

