

# Periodical Payment Authority

Customer Name  Account Number or Customer/Ledger

Date

## Periodical Payment Options

Add new payment       Modify existing payment       Cancel existing payment

## Periodical Payment Details

**Please Note:** A fee may apply to each periodical payment transaction. Refer to the *Schedule of Fees and Charges* for more information.

Payment Amount  Amount in Words

Payment Dates      Start Date       End Date        Until Further Notice

Payment Frequency     Daily       Weekly       Fortnightly       Monthly  
 Quarterly       Half-Yearly       Annually       Last day of the month

## Beneficiary Details

Account name  Bank name

BSB  -  Bank city

Account number  Narration (if required)

## Customer Authority

By signing this request form, I acknowledge that I have read, fully understand and agree to be bound by the terms and conditions as set out in the *Banking Accounts Terms and Conditions*.

Signature 1  Signature 2

Name  Name

## Branch Verification

Signature  Date  Branch   
Name

Authority received  In Branch  Mail  Fax  Email  Telephone       Customer signature verified  Required signatories checked

