

**PAYER DETAILS**

To the Manager

Name of Bank
Branch
Address
Name of Account

**AUTHORITY FOR  
AUTOMATIC PAYMENTS**

(Not to operate as an assignment or an agreement)

**IMPORTANT PLEASE TICK**

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

Account details:

On behalf of:  
Name if other than payer

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Bank	Branch number	Account Number	Suffix																				
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Details to appear on my/our bank statement.

Particulars	Code	Reference																																													
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**FREQUENCY AND AMOUNT**

First Payment Date	Last Payment Date	OR	Until further notice Tick
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Tick Box	Weekly	Fortnightly	Four Weekly	Monthly	Specify other period
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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		

**PAYEE DETAILS**For payment by cheque tick box ☐ and complete section on reverse (leave this section blank)Pay to the credit of:  
Name of Bank

WESTPAC
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Branch

CANTERBURY CENTRE
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Name of account:

C	A	T	H	O	L	I	C	D	E	V	F	U	N	D			
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Account details

Bank	Branch number	Account Number	Suffix
	030802	0948805	00

Details to appear on payee's bank statement.

Particulars	Code	Reference																																													
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**AUTHORISATION**

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

PLEASE TURN OVER

(Customers Signature)

(Contact Phone No.)

(Date)

(Customers Signature)

(Contact Phone No.)

(Date)

cheque payable to

[illegible][illegible][illegible]

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 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 or draw on my/our account.
3. This authority may be terminated or reduced without notice to me/us in respect of the payment detailed over, 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. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

Please alter the fixed amount of this transfer

As from / /	Fixed Amount \$	Amount in Words	Customer's Signature
As from / /	Fixed Amount \$	Amount in Words	Customer's Signature

Date Received	Recorded By:	Checked By:
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BANK  
STAMP