

Authority for Automatic Payments

(Not to operate as an assignment or agreement)

Payer details

Branch _____
Account name _____

Important: Please tick

This is a new authority; OR
 As from ____ / ____ / ____ (first payment date),
this authority replaces the existing authority for \$ _____
in favour of the same payee

Account details

On behalf of (NAME IF OTHER THAN PAYER) _____

Account number

1	5	3	9																
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Details to appear on my/our bank statement

Particulars

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 Code

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 Reference

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Frequency and Amount

First payment date ____ / ____ / ____ Last payment date ____ / ____ / ____ Number of payments _____ or until further notice
Frequency (PLEASE TICK) Weekly Fortnightly Four Weekly Monthly Other period (PLEASE SPECIFY) _____
Fixed amount \$ _____ Amount in words _____
Complete if applicable (PLEASE TICK ONE BOX ONLY) Variable first amount Variable last amount
Variable amount \$ _____ Amount in words _____

Payee details

Pay to the credit of Stratford High School Payee Number _____
Name of Bank TSB Bank Branch Stratford
Account number

1	5	3	9	4	7	0	3	2	8	3	7	9	0	0
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Details to appear on payee's Bank statement

Student Details Code

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 Reference

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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 undertake to advise the Bank immediately of any information about payments shown on bank statements, which is incorrect.
- This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
- The Bank reserves the right to process payments in any order it wishes, and will not become involved in any dispute between you and any third party.
- The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account. This authority may be terminated where there are insufficient funds available for three consecutive payments.
- This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed above.
- This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any 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.

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 above.
- I/We understand that this authority will operate provided the account has sufficient funds on the due date.

Customer's signature _____
Customer's signature _____
Contact Phone No. _____

Bank use only

Is this authority:
 New; OR
 Amendment to existing Authority number _____

Method of identification

Signature verified (STAFF NO.)

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Loaded by (STAFF NO.)

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 Bank Stamp
Checked by (STAFF NO.)

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