PAYER DETAILS

AUTHORITY FOR AUTOMATIC PAYMENTS

(not to operate as an assignment or an agreement)

To: The Manager,

Name of Bank	
Branch	
Address	
Name of Account	

IMPORTANT PLEASE TICK ☑

☐ This is a new authority

or,

☐ As from _____ (first payment date)

this authority replaces existing authorities

for $ _____ in favour of the same payee

On behalf of:

(Name if other than payer)

Account Details

Bank **Branch** **Account Number** **Suffix**

Details to appear on my/our bank statement.

Particulars | Analysis Code | Reference

FREQUENCY & AMOUNT

First Payment Date | Last Payment Date | **OR** Until Further Notice (Tick) ☑

Tick Box ☑ | Weekly | Fortnightly | Four weekly | Monthly | Other (Specify)

Fixed Amount	Amount $	Amount in words
Variable First Amount ☑	Amount $	Amount in words
Variable Last Amount ☑		

PAYEE DETAILS

Pay to the credit of:

Bank | Branch | Account | Suffix

Details to appear on payee's bank statement.

Particulars | Analysis Code | Reference

AUTHORISATION

1. Please make this automatic payment as detailed by debiting my/our bank account
2. I/We understand and accept that the bank accepts this authority only on the conditions below.

Name of account - customer to complete

(Customer's Signature) (Contact Phone No) / / (Date) (Customer's Signature) (Contact Phone No) / / (Date)

CONDITIONS

The Southland Building Society operates under the brands "SBS Bank" and "HBS Bank". The name of the registered bank is Southland Building Society (referred to as "the Bank").

1. The bank (Southland Building Society) will use reasonable skill and care to give effect to the directions given to it in this authority.
2. Where 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.
3. The bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I/We undertake to advise the bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between my/ourselves and the bank in relation to my/our account.
6. The bank may in its absolute discretion conclusively determine the order or priority of payment by it of monies pursuant to this or any other authority or cheque which I/we may now or hereafter give to the bank or draw on our account.
7. The bank may in its absolute discretion refuse to make any one or more of the payments pursuant to this authority where there are insufficient funds available in my/our account.
8. 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.
9. This authority will remain in force and effect is respect of 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 revocation is received by the bank.
10. All current bank and government charges for this service in force from time to time are to be debited to my/our account.

FOR BANK USE ONLY:

Date Received:	Recorded By:	Checked By:

Bank Stamp