

Authority for automatic payments

Setting up your APs

MCCF : _____



Authority for automatic payments

Not to operate as an assignment or an agreement.

BANK USE ONLY:						
A/P No.	Type	Charge	Bank Int.	Non Std Com.	Bulk/G.A. Code	Freq. O'ride

Payer details

To the manager

Name of bank
Store/Branch
Address
Account name

Important please tick

This is a new authority,
or
 As from \$
(first payment date), in favour of the same payee

Account details

Bank Store Account number Suffix

On behalf of (Name if other than payer)

Details to appear on my/our bank statement

Particulars (max 12 characters) Code (max 12 characters) Reference (max 12 characters)

Frequency and amount

or until further notice
First payment date Last payment date

Frequency

Weekly Fortnightly Four weekly Monthly Other

Fixed amount

Amount \$ Amount in words

Variable amount

Complete if applicable (one option only)

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

Payee details

Pay to the credit of

Name of bank Store/Branch
Account name
Bank Store Account number Suffix

Details to appear on my/our bank statement

Particulars (max 12 characters) Code (max 12 characters) Reference (max 12 characters)

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.

Customer to complete

Account name
Signature Telephone 0
Account name
Signature Telephone 0



PTO to complete back of form

Conditions

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
2. 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.
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 for any information about payments shown on bank statements which are incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself/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 any monies 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.
7. 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.
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 over.
9. 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.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

Alteration to fixed amount

Please alter the fixed amount of this transfer

As from

D D M M Y Y	Fixed amount \$	Fixed amount in words
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Customer Signature

As from

D D M M Y Y	Fixed amount \$	Fixed amount in words
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Customer Signature

BANK USE ONLY:

Date received D D M M Y Y	Recorded by	Checked by
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X Code Reason
Sign

BANK STAMP:

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** Required Donor Details

Name _____
Address _____
Phone _____ Mob _____
Email _____

Form Completion Instructions

1. Complete all sections marked with **
2. All payments to be made monthly from nominated 1st day of month
3. Return completed form to Harcourt's Reception
4. MCCF will establish the AP & provide a completed copy once lodged