

PLEASE COMPLETE THIS FORM AND TAKE IT DIRECTLY TO YOUR BANK.

To the Manager

**AUTHORITY FOR
AUTOMATIC PAYMENTS**

(Not to operate as an assignment or an agreement)

Payer Details

Name of Bank	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.
Branch	
Address	
Name of Account	

Account Details: On behalf of: Name if other than payer

Bank	Branch Number	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details to appear on my/our bank statement.

Particulars	Code	Reference
<input type="text"/>	<input type="text"/>	<input type="text"/>

FREQUENCY AND AMOUNT

First Payment Date	Until Further Notice: Tick: <input type="checkbox"/>
Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>
Monthly: <input type="checkbox"/>	
Amount	Amount in words
<input type="text"/>	<input type="text"/>

PAYEE DETAILS

Pay to the credit of:

Name of Bank	Branch
ASB	MT ALBERT
MARIST COLLEGE	Bank Branch Number Account Number Suffix
	1 2 3 2 0 9 0 2 1 4 8 6 3 0 0

Details to appear on payee's bank statement.

Customer's Name	Payee Code *	Payee Reference
<input type="text"/>	<input type="text"/>	SCHOOL FEES

(Student Initial & Family name) (Student Enrolment Number)

*Please note that due to our computerised wage system, the Payee code must be entered correctly

Authorisation

- Please make this automatic payment by debiting my/our account.
- I/We understand and accept that the Bank accepts this authority only on the conditions overleaf.

NAME OF ACCOUNT

Date: / /

SIGN HERE

(Contact Phone No)