

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

This is a new authority.
OR
 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

Bank	Branch number	Account Number	Suffix
_____	_____	_____	_____

Details to appear on my/our bank statement.

Particulars	Code	Reference
_____	_____	_____

FREQUENCY AND AMOUNT

First Payment Date	Last Payment Date	OR	Until further notice Tick
20	20		<input checked="" type="checkbox"/>

Tick Box	Weekly	Fortnightly	Four Weekly	<input checked="" type="checkbox"/> Monthly	Specify other period
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Fixed Amount	Amount	Amount in Words
	\$ 25.00	Twenty Five Dollars only

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

NATIONAL BANK

Branch

BOTANY

Name of account:

EAGLE ALARMS EASTERN LTD

Account details

Bank	Branch number	Account Number	Suffix
06	0169	0087770	26

Details to appear on payee's bank statement.

Particulars	Code	Reference
_____	_____	_____

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

(Customer's Signature)

(Contact Phone No.)

(Date)

(Customer's Signature)

(Contact Phone No.)

(Date)