

Customer name
 Current address
 Phone (home) Phone (work)

SWIMZONE

Automatic Payment Authority

(Not to operate as an assignment or agreement)

PAYER DETAILS

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.

Your Account details

On behalf of (name if other than payer):

Bank	Branch	Account number	Suffix

Details to appear in my/our bank statement (to be completed by customer).

Particulars	Code	Reference
SWIMZONE		

FREQUENCY AND AMOUNT

First Payment Date	Last Payment Date	OR	Until further notice (Tick) <input type="checkbox"/>
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Tick Box	Weekly				
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Fixed Amount	Amount \$	Amount in words
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PAYEE DETAILS

Pay to the credit of	SWIMZONE	Payee's account number	03 - 0531 - 0303211 - 00
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Details to appear in payee's bank statement (to be completed by Customer in Capital Letters).

Particulars	Code	Reference
Childs Surname (Max of 12 letters)	Childs First Name (max of 12 letters)	2 nd Childs Name (If Applicable) (Max of 12 letters)

CONDITIONS I/We understand and accept that the bank accepts this authority only upon the following conditions.

1. The Bank will endeavour to effect such automatic payments 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 any such instructions. Further, the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for the failure to transmit such information in the manner requested in any event this authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
2. The Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any moneys 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.
3. This authority may be terminated or reduced without notice to me/us in respect of the payment detailed above by the Bank or the Payee.
4. This order will remain in full force and effect in respect of all payment made in good faith notwithstanding my/our death or bankruptcy or any revocation of this order until notice of my/our death, bankruptcy or such revocation is received by the Bank
5. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

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

FOR BANK USE ONLY

Date Received	Received By:	Checked By:	BANK STAMP
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AFTER COMPLETING THIS FORM, PLEASE TAKE IT TO YOUR BANK