AUTOMATIC PAYMENT AUTHORITY

Name of Account

_____

__ - ____ - _____ - __

To The Manager **of Bank**

_____

AUTHORITY FOR AUTOMATIC PAYMENTS
(Not to operate as an assignment or an agreement)

Date Received	Recorded by	Checked by

Date: _____

Please effect this Automatic Payment by debiting my/our account. Details are:

Details to apear on my/our bank statement:

Particulars: e a t f i t

Code:

Reference:

COMMENCING DATE: / /

AMOUNT: complete one of :-

Amount Unaltered	Amount $ _____	Amount in words
Variable First Amount	Amount $ _____	Amount in words
	2nd & Subsequent Amounts $ _____	Amount in words
Variable Last Amount	1st & Subsequent Amounts $ _____	Amount in words
	Last Amount $ _____	Amount in words

FREQUENCY

UNTIL (*Circle one)

*Number of weeks: _____

*Further Notice

*A Last Payment On

PAY TO

Name of Payee: H e a l t h y W e i g h s L t d

	Bank	Branch	Account Number	Suffix
Payees Account:	0 6	0 8 0 7	0 1 7 0 0 5 1	0 0

CONDITIONS: I/We understand and accept that the Bank accpets this authority only upon the following conditions, namely:-

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 accpes no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In any event this authority is subject to any arrangement now or hereafter susiting between myself/ourselves and the bank in relation to my/our account.

The Bank may in its absolute discretion conclusively determine the order or priority of payment by it or 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.

The Bank may at any time terminate this order as to future payments by notice in writing to me/us - or without notice at any time after being advised in writing by the abovenamed payee that no further payment is required.

This ofer will remain in full force and effect in respect of all payments made in good faith, notwithstanding my/our death or bankruptcy or any other revocation of this order until notice of my/our death, bankruptcy or such revocation is received by the Bank.

All current Bank charges for this service in force from time to time are to be added to the payment amount and debited to my/our account.

NOTE TO PAYER - Before completing this authority, request from the Payee the information that he requires with each payment.

Details to appear on payee's bank statement

Particulars

Code

Reference

IMPORTANT - PLEASE INDICATE

☐ This is a new Authority ☐ As from above commencing date, this authority replaces existing authorites for $ in favour of the same payee

CUSTOMERS SIGNATURE: _____ CONTACT DAYTIME NUMBER: _____