

Date: _____

Internal use only

Auswide Bank branch/agency

Branch No: _____ Operator No: _____ Signature verified by: _____

Banking Services

Date received: _____ Date loaded: _____ Operator No: _____

Your Contact Phone: _____ Contact Email: _____

Please arrange for the following action to be taken on my/our behalf:

TYPE OF AUTHORITY

☐ **New**

☐ **Cancel** → Amount: \$ _____ Effective from: _____

Date of last payment to be debited: _____

☐ **Change** → Date of last payment to be debited: _____

☐ To alter next payment date → Next payment date: _____ Change to new date: _____

☐ To alter frequency (ie. weekly/monthly, etc) → Existing frequency: _____ New frequency: _____

☐ To replace account transferred from → Account No: _____

☐ To alter existing amount to be transferred → Existing amount: \$ _____ New amount: \$ _____

Note: Any other changes require a new authority form to be completed.

Internal use only

Authority No: _____

Existing Authority No: _____

Current Authority No: _____

ACCOUNT TO BE DEBITED AT AUSWIDE BANK

Account No: _____ Account Type: \$ _____

Account Name: _____

Date of commencement: _____ Frequency (once off/weekly/fortnightly/monthly/quarterly): _____

Date of final payment: _____ or until further notice

Amount of Payment: \$ _____

By completing this form, you accept and agree to be bound by the terms and conditions contained in *Your Guide to Auswide Bank's Banking Services* which relate to BPAY. If you do not already have a copy of this document you may obtain it from our website www.auswidebank.com.au or by contacting us directly.

Account Signature/s:

_____  _____ 

BPAY® PAYMENT DETAILS

BPay® Biller Code: _____ BPay® Biller Name: _____

Lodgement Reference: _____