

Authority for automatic payments (Not to operate as an assignment or an agreement)

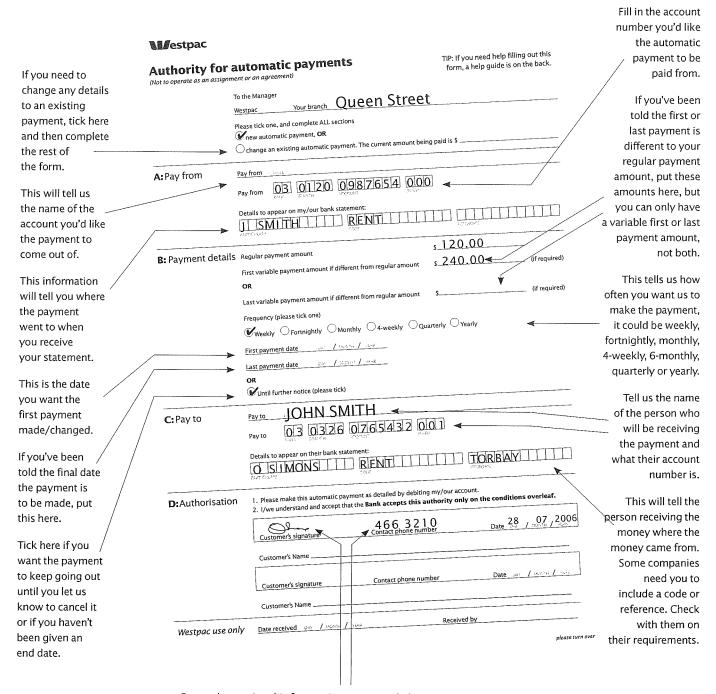
TIP: If you need help filling out this form, a help guide is on the back.

	To the Manager
	Westpac Your branch NAME
	Please tick one, and complete ALL sections
	Onew automatic payment, OR
	Change an existing automatic payment. The current amount being paid is \$
A: Pay from	Pay from NAME
	Pay from BANK BRANCH ACCOUNT SUFFIX
	Details to appear on my/our bank statement:
	PARTICULARS CODE REFERENCE
B: Payment details	Regular payment amount \$
	First variable payment amount if different from regular amount \$ (if required) OR
	Last variable payment amount if different from regular amount \$ (if required)
	Frequency (please tick one)
	Weekly OFortnightly OMonthly O4-weekly OQuarterly OYearly
	First payment date DAY / MONTH / YEAR
	Last payment date DAY / MONTH / YEAR
	OR
	Until further notice (please tick)
C: Pay to	Payto Circen Island Combined Sports Bodies Inc
	Pay to O3 O903 O384391 OO3 BANK BRANCH ACCOUNT SUFFIX
	Details to appear on their bank statement:
	PARTICULARS CODE REFERENCE
D: 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.
	Customer's signature Contact phone number Date DAY / MONTH / YEAR
	Customer's Name
	Customer's signature Contact phone number Date DAY / MONTH / YEAR
	Customer's Name
	Customers name
Westpac use only	Date received DAY / MONTH / YEAR Received by

E: Conditions

- the Bank will use reasonable care and skill to give effect to the directions given to it in this authority
- where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions 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 such directions
- the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority
- I/we will advise the Bank immediately of any information shown on bank statements which is incorrect
- this authority is subject to any arrangement existing now or in the future 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 of any money in accordance with this or any other authority or cheque which I/we may now or in the future give to the Bank or draw on my/our account
- the Bank may in its absolute discretion refuse to make any one or more payments in accordance with this authority where there are insufficient funds available in my/our account
- this authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed over
- this authority will remain in force for all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this authority until notice or my/our death or bankruptcy or other revocation is received by the Bank
- all current Bank and Government charges for this service in force from time to time are to be debited to my/our account.



Remember to sign this form, print your name below your signature, and if you can give us a phone number we'll be able to call you if we have any questions.