PAYER DETAILS

To the Manager

AUTHORITY FOR AUTOMATIC PAYMENTS

(Not to operate as an assignment or an agreement)

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.

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 20	Last Payment Date 20	OR	Until further notice Tick	

Tick Box: Weekly | Fortnightly | Four Weekly | Monthly | Specify other period

Fixed Amount	Amount $	Amount in Words

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: WESTPAC

Branch: NORTH END

Name of account: KAIZEN ACADEMY LTD

Account details

Bank Branch number: 030539

Account Number: 0211725

Suffix: 00

Details to appear on payee's bank statement.

Particulars: TRAINING FEE

Code: MEMBER NUMBER

Reference: YOUR NAME

AUTHORISATION

1. Please make this automatic payment as detailed by debiting my/our account.
2. 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)

Please complete this section if payments are to made by bank cheque:

Cheque payable to:

Please send cheque to this address:

Text to accompany payment should read:

CONDITIONS

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
2. 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.
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
6. The Bank may in its absolute discretion conclusively determine the order of priority of payment by it of any monies 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.
7. The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account.
8. 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.
9. This authority will remain in force and affect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

ALTERATION TO REGULAR AMOUNT

Please alter the regular amount of this automatic payment

As from	New regular payment amount	Amount in Words	Customer's Signature
/ /	$		
As from	New regular payment amount	Amount in Words	Customer's Signature
/ /	$		

FOR BANK USE ONLY

Date Received:	Recorded By:	Checked By:

BANK STAMP