PAYER DETAILS

To the Manager

AUTHORITY FOR AUTOMATIC PAYMENTS

(Not to operate as an assignment or an agreement)

X Name of Bank

X Branch

X Address

X 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

X

Details to appear on my/our bank statement.

Particulars | Code | Reference

X

FREQUENCY AND AMOUNT

First Payment Date / /

Last Payment Date / /

OR

Until further notice Tick: ☑

Tick Box: Weekly | Fortnightly | Four Weekly | Monthly ☑ | Specify Other period

Fixed Amount	Amount $ **= 112.50 =**	Amount in Words One hundred and twelve dollars and fifty cents

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 sections on reverse (leave this section blank)

Pay to the credit of:

Name of Bank: **NATIONAL**

Branch: **JOHNSONVILLE**

Name of account: COMPUTERS FOR PEOPLE

Account details

Bank	Branch number	Account Number	Suffix
06	0583	03719445	00

Details to appear on payee's bank statement.

Particulars	Code	Reference
REAL-EZY PSP		FROM

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 (Business/Personal) Delete one

X

PLEASE TURN OVER

X (Customer's Signature) X (Contact Phone No.) X / / (Date)

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