

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.

X Particulars Code Reference

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 \$ = 67.50 = Amount in Words Sixty seven dollars 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

060583 0371945 00

Details to appear on payee's bank statement.

Particulars Code Reference

REAL-EZY PSP **FROM**

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.

Name of account—customer to complete (Business/Personal) Delete one

X _____

X _____ X _____ / / _____ / / _____

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

PLEASE TURN OVER