

Periodic Payment Instruction

Member number _____ Surname _____ Initials _____

New authority Variation to existing authority

Commencing date | _____ | _____ | _____ | and each of the following (tick appropriate box):
DAY MONTH YEAR

week fortnight month quarter half year year four weeks two months

Number of payments to be made _____ (leave blank if unknown) Until (final payment) | _____ | _____ | _____ | (leave blank if: until further notice)
DAY MONTH YEAR

Debit:

Member number _____ Account type _____ (e.g. S6, S1 etc)

Surname _____ Amount \$ _____

How payment is to be made:

Transfer to Circle - Member number _____ Account type _____ (e.g. S6, S1 etc)

Surname _____

OR

BPAY Biller Code _____ Reference Number _____

OR

Payee details - Account name _____

Financial Institution _____ Branch _____

BSB number | _____ | - | _____ | Account number | _____ |

I understand that CIRCLE Alliance Bank (hereafter referred to as "Circle") accepts this order only upon the following conditions, namely:

1. Although Circle will endeavour to effect such periodic payment it accepts no responsibility to make the same, and accordingly Circle shall not incur any liability through any refusal or omission to make all or any of the payments or by reason of late payment or by any omission to follow any such instructions.
2. This order is subject to any arrangements now subsisting or which may hereafter subsist between myself and Circle in relation to my account or any credit accommodation afforded to me.
3. Circle may in its absolute discretion conclusively determine the order of priority of payment by it or any moneys pursuant to this or any other order which I have heretofore or may hereafter give to Circle or draw on my account.
4. Circle may at its pleasure terminate this order as to future payments at any time by notice in writing to me or without notice at any time after being advised by the abovementioned payee that no further payment is required.
5. This order will remain effective for the protection of Circle in respect of payments made in good faith notwithstanding my death or bankruptcy or the revocation of this order by any means until notice of my death or bankruptcy or of such revocation is received by Circle.

Please sign below ▼

Cancellation of existing authority

Please cancel my/our periodic payment, details of which appear below:

Paid to _____ Amount \$ _____

Frequency of payment: week fortnight month quarter half year year four weeks two months

This cancellation is to take effect ____/____/____

Member(s) signature  _____ Date ____/____/____

OFFICE USE ONLY Date received ____/____/____ Checked & input by _____ Authority No. _____