

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

☐ new automatic payment, **OR**

☐ change an existing automatic payment. The current amount being paid is \$ _____

A: Pay from

Pay from

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 ☐ Fortnightly ☐ Monthly ☐ 4-weekly ☐ 6-monthly ☐ Yearly

First payment date DAY / MONTH / YEAR

Last payment date DAY / MONTH / YEAR

OR

☐ Until further notice (please tick)**C:** Pay to

Pay to Nelson Family Medicine Ltd

Pay to

0	3
---	---

0	7	5	1
---	---	---	---

0	3	9	1	5	1	6
---	---	---	---	---	---	---

0	0	
---	---	--

Details to appear on their bank statement:

[illegible]

D: 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.**

Customer's signature _____ Contact phone number _____ Date DAY / MONTH / YEAR

Customer's signature _____ Contact phone number _____ Date DAY / MONTH / YEAR _____

Westpac use only

Date received DAY / MONTH / YEAR Received by