



## Your Details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ P/C:

New Authority  Replace Existing Authority ( Please turn over)

## Donor/Payer Details

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Account: \_\_\_\_\_

## Your Account Details

Bank   Branch No.       Account No.           Suffix

### Details to appear on my/our bank statement:

Particulars           Code         Reference

### Amount and Frequency:

Fixed Amount: \$  Amount in words:

Start Date:  /  /  End Date:  /  /   Until Further Notice

## Payee Details

Name of Account: TRINITY BROADCASTING NETWORK AUSTRALIA

Bank   Branch No.       Account No.           Suffix

### Details to appear on payee's bank statement:

Particulars           Code         Reference

Please Turn Over

## Terms and Conditions

1. The Bank will use reasonable care and skill to give effect to the directions given 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 payments or for any omission to follow such directions.
3. The bank accepts no responsibility or liability for 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 arrangements 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 or 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 effect 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.

## Alterations to Fixed Amount

Please alter the fixed amount of this transfer:

As from: ____ / ____ / ____	New Fixed Payment Amount: \$	Amount in Words:	Customer's Signature:
As from: ____ / ____ / ____	New Fixed Payment Amount: \$	Amount in Words:	Customer's Signature:

## 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 above terms and conditions.

Signature:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## For Bank Use Only

Date Received:	Recorded By:	Checked by:	X Code Reason:
			Sign:

BANK  
STAMP