

BPAY PAYMENT AUTHORITY

To set up a BPAY® Transfer from your Auswide Bank Account

	Date:
Internal use only Auswide Bank branch/agency Branch No.: Operator No.: Signature verified by:	
Banking Services	
Date received: Date loaded: Operator No.:	
Your Contact Phone:	
Please arrange for the following action to be taken on my/our behalf:	
Type of Authority: 🕤	Internal use only
NEW Authority No.:	
CANCEL Amount \$: Effective from: Effective from: Existing Authority No.	p.:
CHANGE	
To alter next payment date Next payment date: Change to new	v date:
To alter frequency (ie. weekly/monthly, etc.) Existing frequency:	:
To replace account transferred from Account No.:]
O To alter existing amount to be transferred Existing amount \$: New amount \$:
Note – any other changes require a new authority form to be completed.	
Account to be DEBITED at Auswide Bank: 🕥	-
Account No.: Account Type:	5
Account Name:	
Date of commencement: Frequency (once off/weekly/fortnightly/monthly/quarterly):	
Date of final payment: or until further notice Amount of payment	\$
By completing this form, you accept and agree to be bound by the terms and conditions contained in Your O Banking Services which relate to BPAY . If you do not already have a copy of this document you may obtain i www.auswidebank.com.au or by contacting us directly.	
Account Signature/s: •	
BPAY Payment Details: O	
BPAY Biller Code:	
BPAY Biller Name:	
BPAY Biller Code:	
Lodgement Reference:	
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