

Electronic Payment

		Date:
FROM ACCOUNT		
Account No.:	Authority No.:	
Term Deposit No.:		
Account Name:		
TO ACCOUNT		
RTGS \$20 fee - Once off only:		
Internal Account:		
or; External Account: Financial Inst. Name:		
BSB:	Account No.:	
Account Name:		
Lodgement Ref.:		
and that the name will be disregarded in maki institution may rely solely on the BSB and acco- law. Auswide Bank, a division of MyState Bank	e correct. Customers should note that the account name does not ing the payment and that Auswide Bank, a division of MyState Eunt number. Any error in these payment details may result in a lok is not liable for any loss arising from any error in instructions as are unable to be retrieved from a third party. Dishonour and reation.	Bank and the receiving party's financial less of funds and the extent permitted by given by you or an authorised user.
BPAY RECEIPT		
Biller Code:	Biller Name:	
Reference Number:		
DETAILS		
Amount:	Frequency:	W/F/M/Once off
Start Date:	Final Payment Date:	
DECLARATION		
9	rvices' for the relevant Terms and Conditions relating to nade. Refer to your account terms and conditions for r	•
	by agree to be bound by the terms and conditions co de Bank recommends that this guide, including any ot	
Account Signatures		
	<i>A</i>	<i>(ii</i>)
	/	
Branch Use Only		
☐ I have checked signatures.		
'	r and followed sufficient line of questioning to identify	the customer without doubt.
☐ I have asked the customer to confirm		
Branch No.:	Operator No.:	