



Authority to Accept Direct Debits

(Not to operate as an assignment or agreement)

BANK INSTRUCTIONS

Name of Bank Account

Authorisation Code

1	2	1	3	6	2	5
---	---	---	---	---	---	---

BANK ACCOUNT FROM WHICH PAYMENTS ARE TO BE MADE

Bank	Branch number	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please attach an encoded deposit slip to ensure your number is loaded correctly

SELECT THE FREQUENCY

Fortnightly
 Monthly
 Quarterly
 Half-yearly
 Yearly

TO THE BANK MANAGER

Bank	Branch	Town/City
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We authorise you until further notice, to debit my/our account with all amounts which AMP (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed below.

INFORMATION TO APPEAR ON MY/OUR BANK

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Payer code

STATEMENT

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Plan/Policy number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Payer particulars

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
----------------------	---	----------------------	---	----------------------

Date

YOUR SIGNATURE(S)

APPROVED	
1362	
01	2013

FOR BANK USE ONLY

ORIGINAL - RETAIN AT BRANCH

DATE RECEIVED	RECORDED BY	CHECKED BY

BANK STAMP

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1 THE INITIATOR

- a Has agreed to give written advance notice to the Acceptor of the net amount of each Direct Debit and the due date of the debiting at least ten calendar days before (but not more than two calendar months) the date when the Direct Debit will be initiated. This advance notice must be provided either: (i) in writing; or (ii) by electronic mail where the Customer has provided prior written consent to the Initiator.

The advance notice will include the following message: "Unless advice to the contrary is received from you by (date*), the amount of \$..... will be direct debited to your Bank account on (initiating date)."

* This date will be at least two (2) days prior to the initiating date to allow for amendment of Direct Debits.

Or

- a Has agreed to send notice of the net amount of each Direct Debit no later than the day the Direct Debit is initiated. This notice will be provided either: (i) in writing; or (ii) by electronic mail where the Customer has provided prior written consent to the Initiator.

The notice will include the following message: "The amount of \$....., was direct debited to your Bank account on (initiating date)."

- b May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2 THE CUSTOMER MAY

- a At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- b Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

3 THE CUSTOMER ACKNOWLEDGES THAT

- a This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.
- b In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- c Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other dispute lies between me/us and the Initiator.
- d Where the Bank has used reasonable care and skill in acting in accordance with this Authority, the Bank accepts no responsibility or liability in respect of:
 - the accuracy of information about Direct Debits on Bank statements
 - any variations between notices given by the Initiator and the amounts of Direct Debits
- e The Bank is not responsible for, or under any liability in respect of, the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4 THE BANK MAY

- a In its absolute discretion conclusively determine the order of priority of payments by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- b At any time terminate this Authority as to future payments by notice in writing to me/us.
- c Charge its current fees for this service in force from time-to-time.