



BSP AUTHORITY FOR PERIODICAL PAYMENT TRANSFER

Account Information

Date:

Amount: \$

Account Number:

Request Type

☐

Create

☐

Amend

☐

Delete

Start Date:

End date:

Frequency

☐

Daily [01]

☐

Weekly [07]

☐

Fortnightly [14]

☐

Four Weekly [28]

☐

Monthly [01]

☐

Every 2nd Month [02]

☐

Quarterly [03]

☐

Every 4th Month [04]

☐

Every 5th Month [05]

☐

Half Yearly [06]

☐

Every 7th Month [07]

☐

Every 8th Month [08]

☐

Every 9th Month [09]

☐

Every 10th Month [10]

☐

Every 11th Month [11]

☐

Annual [12]

Where it is a **Monthly Payment**, indicate day below:

☐

Always transfer on the day of the month [M]

☐

Always transfer at the end of the month [EOM]

To Account (account receiving the funds)

To Account Number:

To Account Name:

Beneficiary Reference Detail:
(Narrative on their account)

(This is how they identify the payment is from you. Enter reference number or your name if no reference)

☐

BSP [069]

☐

ANZ [019]

☐

Westpac [039]

☐

Bank of Baroda [049]

☐

Bred [011]

☐

HFC Bank [012]

Your Account

Narrative On Your Account:

Customer Declaration

I/We understand that BSP accepts this Authority for Periodical Payments ["Authority"] on the following conditions:

1. If the day on which my/our account is to be debited falls either on the 29th or 30th or 31st day of the month, and if there is no such date in the calendar month, then BSP will debit my/our account on its last transaction processing day of the month, as determined by BSP;
2. BSP will only transfer the amount of the payment as stated on the Authority.
3. BSP may terminate this Authority at any time in writing to me/us
4. Whilst BSP will attempt to make such periodical payments, it accepts no liability and/or responsibility to make the same. BSP shall not incur any liability through any refusal or omission to make all or any of the payment(s) or by reason of late payment(s) or by any omission to follow such instruction(s);
5. BSP in its absolute discretion shall effect such periodical payments after the due date provided sufficient moneys are in my/our account to enable such payment(s) to be made;
6. BSP may in its absolute discretion determine the order or priority of payment by it of any moneys pursuant to this Authority or any other order or cheque which I/We have or may hereafter give to BSP or draw on my/our account;
7. This Authority is subject to any existing arrangement or later arrangement made between me/us with BSP in relation to my/our account and/or any other banking facilities;
8. This Authority will remain effective until BSP receives written notice of my/our death, bankruptcy or my/our signed notice of revocation of this Authority.

Customer Name

Signature

Date

Bank Use Only

Prepared and Signature Verified By:
Name:

Signature:

Date:

Branch:

Authorised By:
Name:

Signature:

Date:

☐ Copy of this form provided to customer