

Baptist Financial Services Australia Ltd

ABN 56 002 861 789 – AFSL 311062
 (“BFS” and “Baptist Financial Services”)

A delegated body of Australian Baptist Ministries

Ph 1300 650 542

Email clients@bfs.org.au

Web www.bfs.org.au

PO Box 122 Epping NSW 1710



Request and Authority to Make a Periodical Payment from a Client Account

Request and Authority to Debit BFS Client Account

Please complete the Request form, print and sign, before sending it to us via clients@bfs.org.au. Please tick ✓ as appropriate.

Name of Account: _____ (digits & a/c type e.g. 12345S1)

	Client Account Number:	
--	------------------------	--

I/We request and authorise payment to the amount specified from my/our Client Account as set out below.

Transfer to BFS Account Number: _____

Account name:	
---------------	--

Electronic Transfer to External Financial Institution:

Account name:			
Financial Institution:	Branch:		
BSB Number:	Account Number:		
Narration:	(Maximum 18 characters)		

BFS Corporate Cheque(s)

Payable to:	
Please Post to:	

Periodical Payment Commence and Request Type (please tick ✓ as appropriate)

The Amount of \$ _____ to commence on _____ at the below intervals thereafter, until further notice **OR** the last payment will be on _____:

once off
 weekly
 fortnightly
 monthly
 quarterly
 half yearly
 yearly
 4 weeks
 2 monthly

New Authority Amendment of Authority No: _____ Cancellation of Authority No: _____

Authorisation

I/We have received, read, and accepted the Terms and Conditions as contained in our 'Financial Services Guide', 'Product Disclosure Statement – BFS Non Cash Payment Products' and 'Product Information Statement – Offer Document'.

Authorised signatory of account	Authorised signatory of account
✕	✕
Name: _____	Name: _____
Date: _____	Date: _____

Office use only:
Authority Number: _____
Processed by (initials): _____ on ____/____/____