Baptist Financial Services Australia Ltd

ABN 56 002 861 789 – AFSL 311062

Ph - 1300 650 542 **Email** clients@bfs.org.au **Web** **www.bfs.org.au**

NSW/ACT PO Box 122 Epping NSW 1710 **VIC/TAS** PO Box 377 Hawthorn VIC 3122

SA/NT PO Box 432 Unley SA 5061 **WA** PO Box 57 Burswood WA 6100

A delegated body of Australian Baptist Ministries

Request and Authority to Make a Periodical Payment from a Client Account with Baptist Financial Services Australia Ltd (BFS)

Request and authority to debit BFS client account

Name of Account:
("you") request and authorise Baptist Financial Services to pay the amount specified from my/our **Client Account Number:** _____ **(digits & a/c type eg 12345S1)** at Baptist Financial Services as set out below.

Tick type of payment required:

☒ **Transfer to BFS Account** - Name: _____

- Account Number: _____

☐ **BFS Corporate Cheque payable to**:

_____

to be posted to: _____

☐ **Transfer to External Financial Institution**:

Financial Institution Name _____

Branch _____

Account Name _____

BSB Number ☐☐☐ - ☐☐☐

Account number ☐☐☐☐☐☐☐☐☐

Narration: BFS Loan Repayment (Max 18 Characters)

Acknowledgement

By signing this Periodical Payment Request I/we acknowledge having read, understood and accepted the terms and conditions applying to a Periodical Payment Request as set out in our 'Financial Services Guide and Product Disclosure Statement – BFS Non Cash Payment Products'.

Periodical payment commencement

The amount of $_____ is to commence on ____/____/____ as a payment at *__weekly / fortnightly / monthly / quarterly / 1/2 yearly / yearly / 4 weekly / 2 monthly / once off__ intervals after that until further notice, or the last payment will be on ____/____/____.
(*circle as appropriate).

Type of Request

Please tick one box: ☒ New Authority ☐ Amendment of Authority No:_____

☐ Cancellation of Authority No:_____

Authorised signatory of account	Authorised signatory of account
SIGN HERE	SIGN HERE
Print Name:	Print Name:
Date	Date

Office Use Only Authority Number: _____ Entered by: _____ Date: _____