



Office use only
Primary Member number:

Joint Member number:

Date: ___ / ___ / ___

Auto transfer authority

RIM/Staff/Member No: _____

Savings account No: _____ Joint Savings Account No: _____ QSaver: _____

Please tick appropriately: Weekly Fortnightly Monthly

Title: ___ Given Name(s): _____ Family Name: _____

Home Address: _____ Post Code: _____

Telephone (h): _____ Telephone (w): _____

Commencing on the ___ / ___ / ___ I hereby authorise you to debit my account each

with the sum of \$ _____ *until further notice and pay this amounts.

[If the nominated transfer cannot be processed on the nominated transfer date because of insufficient funds, we will attempt to perform the transfer for three days (following the nominated transfer date).]

➤ Please complete the relevant section

To the credit of: _____

Whose account is with: _____ Branch: _____

BSB No: _____ Account No: _____

Other References: _____

OR

To BPAY Biller Code: _____ Customer Reference No: _____

Name of Account: _____

* Where the auto transfer is to be paid to my Qudos Bank loan account, I also authorise you to increase the amount to meet the minimum loan repayment if the minimum loan repayment is increased.

➤ Conditions

I understand that the bank accepts this order upon the following conditions, namely:

1. Although the bank will endeavour to effect such periodical payments it accepts no responsibility to make the same, and accordingly the bank shall not incur any liability through any refusal or omission to make all or any of the of the payments or by reason of late payment or by any omission to follow any such instructions.
2. This order is subject to any arrangement now subsisting or which may hereafter subsist between myself and the bank in relation to my account.
3. The bank may in its absolute discretion conclusively determine the priority of payment by it or any monies pursuant to this or any other order which I have heretofore or may hereafter give to the bank on my account.
4. The bank may at its pleasure terminate this order as to future payments at any time by notice in writing to me, or without notice at any time after being advised by the above named payee that no further payment is required.
5. This order will remain effective for the protection of the bank in respect of payments made in good faith notwithstanding my death or bankruptcy or the revocation of this order by any other means until notice of my death or bankruptcy or of such a revocation is received by the bank.
6. I further understand that the bank is not required to pay any amount which exceeds the sum in my account.

Signature: _____ Date: ___ / ___ / ___

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Date: ___ / ___ / ___

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