

alteration of existing auto transfer authority

Member number: _____

Single Savings Account Number:

OR

Joint Savings Account Number:

__ 0 __ 1 __ 2 __ 3 __ QSaver

__ 0 __ 1 __ 2 __ 3 __ QSaver

▶ Personal details

Title: __ First: _____ Middle: _____ Surname: _____

Current Residential address: _____

Contact number: _____ Email address: _____

Commencing on the __ / __ / __ I hereby authorise you to debit my account each week/fortnight/monthly.

From

Amount \$ _____ Due Date ____ / ____ / ____

Credit of _____

Bank _____ Branch _____

BSB No. _____ Account No. _____

To

Amount \$ _____ Due Date ____ / ____ / ____

Credit of _____

Bank _____ Branch _____

BSB No. _____ Account No. _____

BPAY

Amount \$ _____ Due Date ____ / ____ / ____

Biller Code _____

Customer Reference No. _____

Name of Account _____

Amount \$ _____ Due Date ____ / ____ / ____

Biller Code _____

Customer Reference No. _____

Name of Account _____

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 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 revocation is received by the bank.
6. I further understand that the bank is not required to pay any account which exceeds the sum in my account.

Signature: _____ Date: ____ / ____ / ____

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