Clear Form | Print Form

Baptist Financial Services Australia Ltd

ABN 56 002 861 789 – AFSL 311062

Ph - 1300 650 542 **Fax - 1300 784 699** **Email** info@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

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:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ (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: _____