

Regular Payments Application to Transfer Funds



Please tick applicable box (✓) New application Change regular payment Cancel regular payment

CUSTOMER/COMPANY DETAILS

Customer/s or company name: ABN:

PLEASE WITHDRAW FROM MY

Please tick applicable box (✓)

Account number: (Complete A, B, C or D)

OR

My/Our account with another financial institution

Name of financial institution:

Address of financial institution:

Account held in the name of:

Account details - BSB number: - Account number: (Complete A, B, C or D)

A. PLEASE PAY TO MY ADELAIDE BANK VISA OR LINE OF CREDIT ACCOUNT

Account number:

Please tick applicable box (✓)

Please pay: Monthly closing statement balance (Visa only)

Minimum payment (shown on statement)

Minimum payment (shown on statement) plus an additional fixed amount of \$

Fixed payment of \$ *

Please tick applicable box (✓)

Please make this payment:# Weekly Fortnightly Monthly

Quarterly Half yearly Annually

*Where a fixed amount has been nominated, this fixed amount will be deducted irrespective of the minimum monthly payment or monthly closing statement balance (if any) on the account funds are paid to. You must still make the minimum monthly payment in accordance with the terms and conditions of your account.

#If your loan is an interest only or Business Banking loan then, for the duration of any interest only period, if you have selected the minimum payment option or minimum payment plus fixed amount option, loan payments will take place monthly irrespective of the frequency selected.

This is an **Auto Payment Plan**.

B. PLEASE PAY TO MY ADELAIDE BANK LOAN ACCOUNT

Account number:

Please tick applicable box (✓)

Please pay: Minimum payment

Minimum payment plus a fixed amount of \$

Fixed payment of \$ *

Please tick applicable box (✓)

Please make this payment: Weekly Fortnightly Monthly

*Where a fixed amount has been nominated, this fixed amount will be deducted irrespective of the minimum payment on the account funds are paid to. Any shortfall must be paid separately in accordance with the terms and conditions of your account.

This is an **Automatic Deduction** authority if funds are debited from an Adelaide Bank account, or a **Direct Debit Request** authority if funds are debited from another financial institution.

C. PLEASE PAY TO MY ADELAIDE BANK SAVINGS/DEPOSIT/CHEQUE ACCOUNT

Account number:

Please tick applicable box (✓)

Please pay: Fixed payment of \$

Please make payment: Weekly Fortnightly Monthly
 Quarterly Half yearly Annually Single fixed payment

This is an **Automatic Deduction** authority if funds are debited from an Adelaide Bank account, or an **Auto Payment Plan** if funds are debited from another financial institution.

D. PLEASE PAY TO MY ACCOUNT AT ANOTHER FINANCIAL INSTITUTION

Please tick applicable box (✓)

Please pay: Fixed payment of \$

Please make payment: Weekly Fortnightly Monthly
 Quarterly Half yearly Annually

Please pay this amount to:

My/Our account at another financial institution

Name of financial institution:

Please note: if funds are being transferred to a Credit Union, account names must be identical.

Account details - BSB number: - Account number:

This is a **Periodical Payment** authority.

I/We agree that should a Periodical Payment not be effected (for example if there are insufficient funds in my/our account), it will be re-tried for each consecutive day until the next deduction date, after which time the Periodical Payment authority will be cancelled.

I/We agree that I/we will not be notified if this occurs.

COMMENCEMENT DATE

Please commence payments on my loan at settlement date (applies to new loans only) or;

Please commence/change payments on:

Please cancel payments on: (if applicable)

Please allow a minimum of 5 business days for processing from the date of receipt of application.

CUSTOMER AUTHORISATION

I/We authorise and request Adelaide Bank (APCA User ID 027572) to process the regular payment set out above in accordance with this application (through the Bulk Electronic Clearing System).

I/We acknowledge having received and agree to be bound by the Accessing Your Account terms and conditions and the terms and conditions applicable to my/our account.

I/We acknowledge a fee may be debited from my/our account for the above regular payment.

CUSTOMER 1

Full name:

Signature: Date:

Please tick applicable box (✓)

I am the: Account owner Secretary
 Director Operator
 Sole Director and Sole Secretary

CUSTOMER 2

Full name:

Signature: Date:

Please tick applicable box (✓)

I am the: Account owner Secretary
 Director Operator
 Sole Director and Sole Secretary

Please note: account holders must sign in accordance with the method of operation for the debited account.

[ADELAIDE BANK OFFICE USE ONLY]

Name:

Signature:

Teller stamp