

AUTHORITY FOR AUTOMATIC PAYMENTS

ACCOUNT INFORMATION

Account number

Bank	Branch	Account	Suffix

NOTE: To ensure payments are processed, sufficient cleared funds must be in the account 1 day prior to the payment's due date.

Name of account _____

Information to appear on my/our account _____

PAYMENT DETAILS

Date of first payment _____

Payment frequency _____

Amount of regular payments \$ _____

Amount in words _____

Date of final payment _____

until further notice

Amount of final payment \$ _____

Amount in words _____

Payment to be made to:

Account number

Bank	Branch	Account	Suffix

Payee name _____

INFORMATION TO APPEAR ON PAYEE'S BANK STATEMENT

Particulars

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Code

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Reference

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CONDITIONS

I/We understand and accept that Heartland Bank Limited (Heartland Bank) accepts this Authority only upon the following conditions, namely:

1. Heartland Bank will endeavor to effect such automatic payments without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any refusal or omission to follow such instructions. Further, Heartland Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this Authority, or, for failure to transmit such information in the manner requested. In any event this Authority is subject to any arrangement now or hereafter existing between myself/ourselves and Heartland Bank in relation to my/our accounts.
2. Heartland Bank may in its absolute discretion conclusively determine the order of priority of payment by it of any moneys pursuant to this or any other Authority or cheque which I/we may now or hereafter give to Heartland or draw on my/our accounts.
3. Heartland Bank may at any time terminate this Authority as to future payments by notice in writing to me/us or without notice, at any time after being advised in writing by the above payee that no further payment is required.
4. This Authority will remain in full force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this order until actual notice of my/our death, bankruptcy or such revocation is received by Heartland Bank.
5. All current Heartland Bank charges for this service in force from time to time are to be added to the payment amount and debited to my/our account.

AUTHORISATION

Name _____ Name _____

Signature _____ Signature _____

Date / / Date / /

OFFICE USE ONLY

Accepted by _____ Checked by _____ Date loaded / /