



Automatic Payment Authority

(Not to operate as an assignment or an agreement)

Statement account only

1	2	3																		
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Branch where my/our account is held

Please start this Automatic Payment by debiting my/our account. Details are:

New Payment

or

Change existing payment number to the same account holder

Amount \$

Start/Change date
Day Month Year

Frequency

Pay to (name) BISHOP VIARD COLLEGE

Pay to (account no.) 123254 0090118 00

Until: Further notice
or
 a final payment amount of \$ on
Day Month Year

Information to appear on **their** Statement:

Particulars (Student's name) Code Reference

Information to appear on **my** Statement:

Particulars BISHOP VIARD Code COLLEGE FEES Reference

CONDITIONS:

I/We understand and accept that the Bank accepts this authority only upon the conditions on the reverse of this authority.

Name of Personal Account: Mr/Mrs/Miss/Ms

OR

Name of Business Account:

Customer's Signature

Contact Phone Number
Date
Day Month Year

Customer's Signature

Contact Phone Number
Date
Day Month Year

BANK USE ONLY			
Form Accepted by	Signature Verified by	Details Alt/Loaded by	Checked to DBR of
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Signature)			
(Personnel No.)			

DATE
STAMP