



Electronic Payment Authority

Amount Conditions apply to Periodical Payments over \$100,000	\$
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Debit Details (From account)	Internal Account	Account Name	
		Account Number	

Credit Details (To account)	Internal Account	Internal Account Number	
		Internal Account Name	
	External Account	BSB Number	
		Name of Financial Institution	
		Account Number	
		Account Name	
		Reference (if required)	
	BPay	Biller Code	
		Biller Name	
		Biller Reference	
Receipt		Receipt Number	<i>Office use only</i>

PERIODIC PAYMENT DETAILS	Date of Commencement	
	Date of Last Payment	DD/MM/YYYY OR <input type="checkbox"/> Until Further Notice
FREQUENCY	<input type="checkbox"/> One Off <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) _____	
Authority	Authority Number	<i>Office use only</i>

I confirm that I have checked the above details and they are correct

Signature		Date	
Signature		Date	