

Baptist Financial Services Australia Ltd

ABN 56 002 861 789 – AFSL 311062
 (“BFS” and “Baptist Financial Services”)

A National Affiliated Ministry of Australian Baptist Ministries

Ph 1300 650 542

Email clients@bfs.org.au

Web www.bfs.org.au



Request and Authority to Make a Periodical Payment from a Client Account

Request and Authority to Debit BFS Client Account

Please complete the Registration form, print and sign, before sending it to us via clients@bfs.org.au.

Name of Account:

	Client Account Number:	
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I/We request and authorise payment to the amount specified from my/our Client Account as set out below.

Transfer to BFS Account Number: _____

Account name:	
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Electronic Transfer to External Financial Institution to the following account [for Retail clients, this must be an account with an ADI and in the same name(s) as the BFS account holder]:

Account name:			
Financial Institution:	BSB Number:	_____ - _____	
Branch:	Account Number:		
Narration:	(Maximum 18 characters)		

BFS Corporate Cheque(s) [for Retail clients in the same name(s) as the BFS account holder]

Payable to:	
Please Post to:	

Periodical Payment Commence and Request Type

The Amount of \$_____ to commence on ____ / ____ / _____ at the below intervals afterwards, until further notice **OR** the last payment will be on ____ / ____ / _____:

once off
 weekly
 fortnightly
 monthly
 quarterly
 half yearly
 yearly
 4 weeks
 2 monthly

New Authority
 Amendment of Authority No: _____
 Cancellation of Authority No: _____

Authorisation

I/We have received, read, and accepted the Terms and Conditions as contained in our 'Financial Services Guide', 'Product Disclosure Statement – BFS Non Cash Payment Products' and 'Product Information Statement – Offer Document'.

Authorised signatory of account

Authorised signatory of account

*	*
Name: _____	Name: _____
Position: _____	Position: _____
Date: ____ / ____ / _____	Date: ____ / ____ / _____

Office use only:
Authority Number: _____
Processed by (initials): _____ on ____ / ____ / ____