



Authorisation form for automatic payments to the Downtown Community Ministry

Payer details (thats you!)

To the Manager
(Name of your bank) _____

Branch _____

Address _____

Name of Account _____

Important, please tick

- This is a new authority as from...../...../..... (first payment date) or
- As from...../...../..... (first payment date) this authority replaces existing authorities for \$.....in favour of DCM

Account details

Bank	Branch number	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details to appear on **your** bank statement

Particulars	Code	Reference
<input type="text"/>	<input type="text"/>	<input type="text"/>

Frequency and Amount

Until further notice (tick) **or** first* payment date/...../..... Last* payment date/...../.....

(tick) Fortnightly Four weekly Monthly specify other period _ _ _ _

Fixed amount: Amount \$ _ _ _ _ Amount in words _____

Variable

First* amount: Amount \$ _ _ _ _ Amount in words _____

Last* amount: Amount \$ _ _ _ _ Amount in words _____

Payee details (thats DCM)

Pay to the credit of:
Westpac Ghuznee Street Branch
Downtown Community Ministry

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Details to appear on DCM's bank statement

Write in these boxes: your name(s), followed by the frequency of the payments

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Authorisation

- Please make this automatic payment as detailed by debiting my/our account.
 - I/we understand and accept that the Bank accepts this authority only on the conditions below.
- Name of account - customer (business/personal) delete one.

_____ date/...../.....

_____ date...../...../.....

Your signature contact phone no. Your signature contact phone no

