

Customer's Signature _

PAYER DET To The Man	TAILS (customo	er to co	omple	ete)											GEM VISA
Name of Bank															- AUTHORITY FOR AUTOMATIC PAYMENT (Not to operate as an assignment or an agreement.)
Branch														3	IMPORTANT PLEASE TICK
															This is a new authority, or
Name of Acco	unt														As from / / (first payment date), this authority replaces existing authorities for \$ in favour of the same payee.
ACCOUNT															
On be	ehalf of														(Name if othe than payer)
В	Bank/Branch				Ac	ccount	Numbe	r							Suffix
Details to appear Particulars (Co	ar on my/our Bank s	tatement				Code	(max 1	2 Char	actors	`					Reference (max 12 Characters)
GEM VISA	ompany)						0 0		0 0	<u> </u>	0	1 0	7	3	O O
							<u> </u>		- -	1 -	1 - 1	. •			(Enter the Last 10 digits of your account number)
FREQUENC	Y AND AMOU	NT													
	First Payment Date					Last Payment Date								or Until Further Notice (tick)	
Frequency:	Weekly Fort	tnightly	Мо	nthly											
Fixed Amount	t		Amour	nt						А	mount	t in Wo	rds		
Complete if a	pplicable (tick one	box only	y)												
Variable First			Amour \$	nt						A	mount	t in Wo	rds		
PAYEE DET Pay to the credi															
Name of Bank											Bran				
WESTPAC											318	B LAN	IBTON	QU	JAY
Name of Accou	int										, ,		Bank,	/Brar	nch Account Number Suffix
G E M	V I S	A											0	3	0 5 0 2 0 6 8 1 6 8 6 0 0
Details to appea	ar on payee's Bank s	statement	t.												
Particulars (Sur	rname & First Name))			Cod	e (max	12 Chai	acters)					_	Reference (max 12 Characters)
					0	0	0 0	0	0	6 0	1	0	7 3		(Enter the Last 10 digits of your account number)
2. Where the dire- payments or fo 3. The Bank acce 4. I/We undertake 5. This authority i 6. The Bank may our account. 7. The Bank may 8. This authority i	use reasonable care and si tections given in this author or late payment or for any epits no responsibility or lie to advise the Bank imme is subject to any arranger in its absolute discretion in its absolute discretion may be terminated or red will remain in force and ef	ority have be omission to ability for the ediately of a ment now or conclusively refuse to maluced by the	een given la o follow su ee accuracy iny inform r hereafter y determinate ake any o ee Bank or to ect of all p	by me/us ach direct by of the i ation abour r subsisti ne the or ne or mo the payed payments	for the price of t	on conta ents sho een myse iority of p ents purs t notice to n good fa	of a busing ined in the wn on bare olf/ourselve payment be uant to the ome/us in	ess, the E e payment k staten es and th by it of an is author n respect hstandin	nt informents whe Bank ny moni rity whe of the g my/or	mation f hich is in in relati es pursu re there payment ir death	ields on ncorrection to muant to the are insi	this aut t. ny/our ac this or ar ufficient led abov	hority. count. ny other a funds av e.	authoi /ailabl	sponsibility or liability for any refusal or omission to make all or any of the prity or cheque which I/We may now or hereafter give to the Bank or draw on note in my/our account.

Contact Telephone No. _