

BAPLINK PAYMENT AUTHORITY

I/We authorise and request to debit the account detailed below to pay:

New periodical payment authority

Amend an existing periodical payment authority - Authority number if known

Cancel an existing periodical payment authority - Authority number if known

BAPLINK ACCOUNT TO DEBIT

Baplink client name

Baplink client number

Sub-account (eg S1)

ACCOUNT TO CREDIT

Financial institution name

Account name

BSB

Account number

OR

Baplink client number

Sub-account (eg S1)

AMOUNT AND FREQUENCY OF PAYMENT

Amount

\$

Reference for payment

Start date

End date

Number of payments

One payment only

Weekly payment

Fortnightly payment

4 Weekly payment

Monthly

2 Monthly

3 Monthly

6 Monthly

Annually

CLIENT AUTHORISATION MUST BE COMPLETED

By signing this form I/we;

1. Confirm that the information contained in this form is true and accurate in all respects;
2. Agree that by signing the Periodical Payment Authority form I/we have authorised Baplink to arrange for funds to be debited from my/our Baplink account;
3. Agree that if funds are returned due to incorrect details, bank account closed etc a fee will apply to the returned funds;
4. Acknowledge that if I/we wish to cancel/amend a periodical payment, I/we must notify Baplink in writing prior to the next due date.

Signature (Client 1)

Date

Signature (Client 2)

Date



A ministry of Queensland Baptists

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