

# Periodical Payment Request Form

## Request and Authority to Make a Periodical Payment from an induemoney Cheq Account

<b>Request and authority to debit account</b>	<b>Name of Account:</b> _____ ("you") request and authorise Baptist Financial Services Australia Ltd (BFS) as Agent for Indue Ltd (Indue) to pay the amount specified from my/our <b>Client Account Number:</b> _____ as set out below.
<b>Method of payment</b> <i>(Tick type of payment required)</i>	<input type="checkbox"/> <b>Transfer to BFS/induemoney Cheq A/c</b> - Name: _____ - Account Number: _____  <input type="checkbox"/> <b>BFS Corporate Cheque payable to:</b> _____ <b>to be posted to:</b> _____  <input type="checkbox"/> <b>Transfer to External Financial Institution:</b> Financial Institution Name _____ Branch _____ Account Name _____  BSB Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <b>Narration:</b> _____ (Max 18 Characters)
<b>Acknowledgement</b>	By signing this Periodical Payment Request I/we acknowledge having read, understood and accept the terms and conditions applying to a Periodical Payment Request as set out in the BFS 'Financial Services Guide and Product Disclosure Statement – BFS Non Cash Payment Products'.
<b>Periodical payment commencement</b>	The amount of \$ _____ is to commence on ____/____/____ as a payment at <b>*weekly / fortnightly / monthly / quarterly / 1/2 yearly / yearly / 4 weekly / 2 monthly / once off</b> intervals after that until further notice, or the last payment will be on ____/____/____ <b>(*circle as appropriate).</b>
<b>Type of Request</b>	Please tick as appropriate: <input type="checkbox"/> New Authority <input type="checkbox"/> Amendment of Authority No: _____ <input type="checkbox"/> Cancellation of Authority No: _____
Authorised signatory of account	Authorised signatory of account
<b>SIGN HERE</b>	<b>SIGN HERE</b>
Print Name:	Print Name:
Date	Date
<b>Office Use Only</b>	Authority Number: _____ Entered by: _____ Date: _____