

Membership
Number

Periodic Payment



Date: / /20

Account Name: _____

I/we authorise The Capricornian Ltd to make the following periodic payment on my behalf:

Start Date: _____ Frequency: _____ Debit Account: _____

Amount: _____ Until: _____

Payment to:

Internal: Account No: _____ Acc Name: _____

External: BSB: _____ Account No: _____

Acc Name: _____ Ref: _____

Variation

Authority Number	Organisation	Details of Change

I understand that The Capricornian Ltd accepts this authority only upon the following conditions, namely:

1. The Capricornian Ltd reserves the right to levy a charge for this service.
2. Although The Capricornian Ltd will endeavour to effect such periodical payments, it accepts no responsibility to make the same, and accordingly The Capricornian Ltd shall not incur any liability through any refusal or omission to make all of any payments or by reason of late payment or by any omission to follow any such instructions.
3. This order is subject to any arrangement now subsisting or which may hereafter subsist between myself and The Capricornian Ltd in relation to my account.
4. The Capricornian Ltd may, in its absolute discretion, conclusively determine the order of priority of payment by it of any money pursuant to this or any other or withdrawal on my account which I have heretofore or may hereafter give to The Capricornian Ltd.
5. The Capricornian Ltd may at its pleasure terminate this order as to future payments at any time by notice in writing to me, or without notice at any time after being advised by the abovenamed payee that not further payment is required.
6. The order will remain effective for the protection of The Capricornian Ltd in respect of payments made in good faith notwithstanding my death or bankruptcy or the revocation of this order means until notice of my death or bankruptcy or of such revocation is received by The Capricornian Ltd.

Member Signature/s: _____

Office Use Only		
Authority No:	MSO:	Initials & No: