


Periodic Payment Authority Form

 Use this form to start a new request, or amend/cancel an existing request for a periodic payment from your Accelerator Cash Account.
Where to send the completed form?
 Once completed and signed, please return the form by email or post to the details provided above.

Section 1 – Accelerator Cash Account Details

MANDATORY

Account Name

BSB

Account Number

Section 2 – Type of Periodic Payment Request

MANDATORY

Please select the type of Periodic Payment type you are requesting, complete the relevant section/s and sign the form in Section 5:

- New Request - Section 4
 Amend Existing Request - Sections 3 & 4
 Cancel Existing Request - Section 3

Section 3 – Existing Periodic Payment Request Details

Account Name

BSB

Account Number

Payment Description

Payment Amount

Payment Frequency

- Weekly Fortnightly Monthly
 Quarterly Half Yearly Yearly

Section 4 – New/Amended Periodic Payment Request Details



Please take care in providing payee account details as payments will be processed by BSB and account number only. In the event that an incorrect payment occurs we do not accept any liability for the loss of funds or guarantee their recovery.

Account Name

BSB

Account Number

Payment Description

Payment Amount

Payment Frequency

- Weekly Fortnightly Monthly
 Quarterly Half Yearly Yearly

Start Date of First Payment

Date of Last Payment (if no date is provided this periodic payment will continue until it is cancelled)

Section 5 – Adviser/Account Holder Declaration & Signature



Adviser(s) or Authorised Signatory(s) completing this form must have an Authority to Operate on the client's Accelerator Cash Account.

Where the account's method of operation or the Authority to Operate requires more than 1 signature, the relevant signatories must sign this form.

- I/We understand that although the Bank will endeavour to effect periodical payments, it does not undertake to do so.
- I/We understand and acknowledge that to the extent permitted by law the Bank is not liable to me/us or any other person for any refusal or omission to make all or any of the payments or by reason of late payment or by any other omission or error.

Adviser/Account Holder 1

Name

Signature

Date

Adviser/Account Holder 2

Name

Signature

Date

If there are more than 2 account holders or authorised signatories, please photocopy this page, complete this section and attach to the form.