

Periodical Payment Authority

Use this form to:

- Set up a new periodical payment from your account
- Vary an existing periodical payment from your account
- Cancel a periodical payment
- Reinstate a previously cancelled periodical payment

I authorise and request Great Southern Bank to debit my/our account and make the following periodical payment.

1 YOUR DETAILS

Surname: _____ Given name/s: _____
Customer number: _____ Account number: _____

2 PAYMENT DETAILS

A: Payment to a Great Southern Bank account

Account name: _____ Account type: _____
Customer number: _____ Account number: _____

B: A fast payment to a third party using a PayID, name of payee or account to be updated.

PayID: _____ Reference number / details (if applicable): _____

C: Direct payment to a third party or to an account not held with Great Southern Bank (Using fast payment where possible)

Name of payee/account to be credited: _____
Name of financial institution: _____ Branch: _____
Address: _____ Postcode: _____
BSB: _____ Account number: _____
Reference number/details (if applicable): _____

3 AMOUNT OF PAYMENT

Amount (in words): _____ Amount: \$ _____

4 PAYMENT DUE

Next payment due: _____ Final payment due: _____
Or until further notice (please tick if applicable)

5 PAYMENT FREQUENCY

Payment frequency:

Weekly Fortnightly Monthly Every 28 days Quarterly Every 6 months Annually

6 PLEASE SIGN HERE

I/We acknowledge that we have read and agreed to the terms and conditions as outlined in our General Information, Terms and Conditions brochure.

Signature

Signature

Date

Date

Once you have completed this form:



Drop it into a Great Southern Bank branch



Mail it to:
Great Southern Bank
GPO BOX 100, Brisbane QLD 4001

We're here to help

If you need assistance completing this form, call us on **133 282** or drop into your local branch.

OFFICE USE ONLY

LEGEND

Frequency Code:	D: Daily	M: Monthly	E: End of Month
Frequency:	7: Weekly	1: Monthly	1: End of Month
	14: Fortnightly	3: Quarterly	
	28: Four Weekly	6: Half Yearly	3: End of Quarter
	12: Annually		
PP Type:	F: "Repayment will never change"		

NPP PAYMENT

Resolve PayID or Account Completed

Customer advised if Osko/SCT or DE payment

STAMP

Processed by:

Staff initial	Staff ID	Date
---------------	----------	------

Checked by:

Staff initial	Staff ID	Date
---------------	----------	------