

Office  Date

Type of request

- New standing instruction – *Complete all sections*
- Amendment of an existing standing instruction – *Complete all sections and indicate which field(s) are changing in your request*
- Cancel ALL existing standing instructions – *Complete Questions 1, 2 and 5*
- Cancel ONE existing standing instruction – *Complete all sections*

### ACCOUNT INFORMATION

**1. Primary account to be debited**

BSB  Account number

**2. Account name**

**3. Commencement date**

**4. Frequency (Daily, Weekly, Monthly, etc)**

**5. Expiry date**

*(Must be a date after last transaction date)*

Total no. of instructions

OR

**6. Debit account reference**

For amendments and cancellations, please enter the Standing Instruction Reference Number (if known)

### TRANSFER INFORMATION

*Please complete either Option 1 or Option 2*

**7. Option 1**

Transfer a fixed sum of:

Currency	Amount
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Amount in words	
<input style="width: 100%; height: 20px;" type="text"/>	
Payment method	
<input type="checkbox"/> Demand draft	<input type="checkbox"/> Internal transfer
<input type="checkbox"/> Telegraphic transfer	
Payment currency	
<input style="width: 100%; height: 20px;" type="text"/>	

**7. Option 2**

Transfer the available credit balance of the above mentioned account less retention amount of

Amount in words

### BENEFICIARY INFORMATION

**8. Name and address of beneficiary's bank**

**9. Beneficiary's BSB**

**Beneficiary's account number**

**10. Beneficiary's name(s)**

**11. Beneficiary's residential or business address**

**12. Beneficiary's reference**

### DECLARATION

1. I/We understand that if there are insufficient funds in my/our account on three consecutive payment occasions, the Bank may cancel my/our instruction without prior advice to me/us.
2. I/We understand that a charge may be levied, at the Bank's discretion, on each instruction payment rejected due to lack of funds.
3. I/We understand that any charges levied (including commission, postage and stamp duty) may be debited to my /our account mentioned above.
4. I/We understand that the Bank accepts no responsibility for any loss or delay which may occur in the transfer, transmission and/or application of funds or (in the case of remittance by telegraphic transfers) for any error, omission or mutilation which may occur in the transmission of any message or for its misinterpretation when received and I/we agree to indemnify the Bank against any actions, proceedings, claims and/or demands that may arise in connection with such loss, delay, error, omission, mutilation or misinterpretation.
5. I/We understand that where the payment date falls on a holiday or a weekend, my/our account will be debited on the next business day to the payment date.

**Customer 1**

Signature	<input checked="" type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text" value="DD/MM/YY"/>
Name	<input style="width: 100%; height: 20px;" type="text"/>	
Phone no.	<input style="width: 100%; height: 20px;" type="text"/>	

**Customer 2**

Signature	<input checked="" type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text" value="DD/MM/YY"/>
Name	<input style="width: 100%; height: 20px;" type="text"/>	
Phone no.	<input style="width: 100%; height: 20px;" type="text"/>	

*Office Use Only*

**Staff signature**

Signature	<input checked="" type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text" value="DD/MM/YY"/>
S/I number	<input style="width: 100%; height: 20px;" type="text"/>	

*Data input checked and authorised by:*

Signature	<input checked="" type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text" value="DD/MM/YY"/>
Result	<input type="checkbox"/> Completed <input type="checkbox"/> Created <input type="checkbox"/> Modified <input type="checkbox"/> Deleted	
S/I number	<input style="width: 100%; height: 20px;" type="text"/>	Time <input style="width: 100%; height: 20px;" type="text"/>