**AUTHORITY FOR AUTOMATIC PAYMENTS**

# Please post to: Caritas Fiji,

# P.O.Box 109,

# Suva

**YOUR DETAILS**

To The Manager

Name of Bank Branch Name of Account

# IMPORTANT PLEASE TICK

This is a new authority, or

As from / / (first payment date), this authority replaces existing authorities for

$ in favour of the same payee.

# ACCOUNT DETAILS

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Bank Branch Account number Suffix

Details to appear on my/our statement:

|  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- |
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Particulars Code

Name

Address

# FREQUENCY AND AMOUNT

**OR**

Until further notice (tick)

Last payment date / /

First payment date / /

Tick box:

Weekly

Fortnightly

4 weekly

Monthly

Specify another period

|  |  |  |
| --- | --- | --- |
| Fixed Amount | Amount: $ | Amount in words: |

**PAYEE DETAILS** (Caritas office to fill out)

Bank: Bank of South Pacific Branch: Suva

Name of Account: **Caritas Archdiocese of Suva** Account details: **329943**

Details to appear in CARITAS’ Bank Statement:

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| --- | --- | --- | --- | --- | --- |
| L | E | N | T | E | N |

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| **A** | **P** | **P** | **E** | **A** | **L** |  |  |

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Particulars Code Reference

# CONDITIONS

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
2. Where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow such directions.
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this form.
4. I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account
6. The Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any monies pursuant to this or any other authority or cheque which I/we may now or hereafter give to the Bank or draw on my/our account.
7. The Bank may in its absolute discretion refuse to make anyone or more payments pursuant to this authority where there are insufficient funds available in my/our account.
8. This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed above.
9. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any revocation of this author- ity until notice of my/our death or bankruptcy or other revocation is received by the Bank.
10. All current Bank charges for this service in force from time to time are to be debited to my/our account.

# AUTHORISATION

Please make this automatic payment as detailed by debiting my/our account

Name of account Sign here Date Contact phone no.