

Salary Benefit Card Periodical Payment Authority



To: Community Sector Banking

Date: / /

Please arrange the following periodical payment on my behalf.

Account/Cardholder Details

Account Name (Name of Organisation):

Cardholder Name:

Account / Card Number:

Identification Details

Verbal Password:

Cardholder Date of Birth: / /

Request Type

- Indicate type of request:
- | | |
|--|----------------------------------|
| <input type="checkbox"/> New Payment Authority | - Please complete sections 1 & 5 |
| <input type="checkbox"/> Amendment Request | - Please complete sections 2 & 5 |
| <input type="checkbox"/> Temporary Stop to Payment | - Please complete sections 3 & 5 |
| <input type="checkbox"/> Cancellation Request | - Please complete sections 4 & 5 |

Section 1 - New Payment Authority

First Payment Date: / /

Final Payment Date: / /

Please note that if you are unsure of a final payment date your payment will continue to process until CSB is notified.
A payment will be processed on the Final Payment Date notified.

Payment Frequency: Weekly Fortnightly Monthly One Payment Only

Payment Amount: \$

Payment Reference:

Please nominate a reference that identifies your payment ie. Mortgage, Rental Payment, Personal Loan Repayment etc

Payee Details:

Account Name:

Account Number:

BSB Number: -

Bank Name:

Branch Location:

Section 2 – Amendment Request to Existing Payment(s)

Please tick which details of your payment are required to be amended, and then list the new replacement details in their respective areas.

First Payment Date: / /

Final Payment Date: / /

A payment will be processed on the Final Payment Date notified

Payment Frequency: Weekly Fortnightly Monthly

Payment Amount: \$

Payment Reference:

Section 2(a) – Payee Details of PP payment above

Name of Financial Institution: _____

Branch Number: _____

Account Name: _____

Account Number: _____

BSB Number: - _____

Section 3 – Temporary Stop to Payment

Stop Payments From: _____ / _____ / _____

Recommence Payments On: _____ / _____ / _____

Please note that a payment will not debit your account on the date you nominate as the 'Stop Payments From' date

Section 4 – Cancellation Request

Please cancel the below authority.

Payment Amount: \$ _____

Payment Reference: _____

Section 5 - Acknowledgment & Customer Authorisation

I request Community Sector Banking Pty Ltd (CSB) make the specified payments and/or amendments to payments and/or cancellation of payments in accordance with this Periodical Payment Authority.

I acknowledge and agree to the terms and conditions relating to periodical payments as detailed in the Community Sector Banking Product Disclosure Statement which can be found at www.csbanking.com.au, or by contacting Community Sector Banking on 1300 550 603.

I understand and acknowledge that when a periodical payment relates to a Bendigo Bank loan repayment that, in the event of a change in interest rate on my loan account (where the loan is held with Bendigo and Adelaide Bank Limited), the Bank will automatically notify me of the new interest rate and/or repayment amount. I am then responsible for requesting CSB to amend my existing Periodical Payment details, as necessary.

A Periodical Payment Dishonour fee will apply if you have established a periodical payment and we cannot make the payment due to insufficient funds.

Cardholder Signature: _____

Date: _____ / _____ / _____

Phone Contact Details:

Work: _____

Home: _____

Mobile: _____

Section 6 – CSB Use Only

Branch Name: _____

Branch No: _____

Staff Signature: _____

ADM No: _____

Date: _____ / _____ / _____

Please ensure when establishing periodical payments that you allow sufficient funds in your account for the \$2.00 Monthly Account Keeping Fee and \$3.00 Debit Card Fee.