

AUTHORITY FOR PERIODICAL PAYMENT TRANSFERS



Date _____ To Manager Colonial National Bank _____ Branch _____

Kindly implement Periodical Payment Transfer from my account as follows New Amend Delete

FROM ACCOUNT

- Account Number _____ Account Name _____
- Amount \$ _____
(Amount in figures) _____ (Amount in words)
- Frequency (select one from the list provided by placing an 'X' in the check box below)

<input type="checkbox"/> [01] Daily	<input type="checkbox"/> [01] Monthly	<input type="checkbox"/> [05] Every 5 th Month	<input type="checkbox"/> [09] Every 9 th Month
<input type="checkbox"/> [07] Weekly	<input type="checkbox"/> [02] Every 2 nd Month	<input type="checkbox"/> [06] Half Yearly	<input type="checkbox"/> [10] Every 10 th Month
<input type="checkbox"/> [14] Fortnightly	<input type="checkbox"/> [03] Quarterly	<input type="checkbox"/> [07] Every 7 th Month	<input type="checkbox"/> [11] Every 11 th Month
<input type="checkbox"/> [28] Four Weekly	<input type="checkbox"/> [04] Every 4 th Month	<input type="checkbox"/> [08] Every 8 th Month	<input type="checkbox"/> [12] Annual
- Start Date _____ End Date _____ (insert terminating date or UFN to indicate until further notice)

TO PAYEE

- Account Number 8 8 8 2 8 8 Account Name SUN Insurance Company Limited
(applicable when dealing with payments directly into a Bank account)
- Institution _____
- Institution Street Address _____ SUVA _____
- Payment Details _____ Insurance Premium _____
(Insurance Premium/Insurance Loan/Hire Purchase etc – note to include reference account name and numbers with institution)

I/We understand that CNB accepts this Authority for Periodical Payments ["Authority"] on the following conditions:

- If the day on which my/our account is to be debited falls on the 29th or 30th or 31st day of the month, and if there is no such day, CNB will debit my/our account on the last processing day of that month;
- CNB will only change the amount of the payment stated on the Authority via my/our signed letter or my/our signed facsimile or my/our written email instructions provided the email account details have been disclosed previously to CNB by me/us;
- CNB may terminate this Authority at any time in writing to me/us provided there is no further payment required by me/us;
- Whilst CNB will attempt to make such periodical payments, it accepts no liability and/or responsibility to make the same. CNB shall not incur any liability through any refusal or omission to make all or any of the payment(s) or by reason of late payment(s) or by any omission to follow such instruction(s);
- CNB in its absolute discretion shall effect such periodical payments after the due date provided sufficient moneys are in my/our account to enable such payment(s) to be made;
- CNB may in its absolute discretion determine the order or priority of payment by it of any moneys pursuant to this Authority or any other order or cheque which I/We have or may hereafter give to CNB or draw on my/our account;
- CNB may from time to time charge a fee for non-payment to my/our account in the event that CNB is unable to effect any such periodical payment(s) on the due date due to insufficient funds held in my/our account;
- This Authority is subject to any existing arrangement or later arrangement made between me/us with CNB in relation to my/our account and/or any other banking facilities;
- This Authority will remain effective until CNB receives written notice of my/our death, bankruptcy or my/our signed notice of revocation of this Authority.

* The customer should receive a copy of this authority

Branch Stamp & Signature of Verifying Officer

Customer Signature

FOR OFFICIAL BANK USE ONLY

BRANCH COMPLETION

OPERATIONS SUPPORT COMPLETION

Prepared By _____	Input By _____
Name Signature Date	Name Signature Date
Authorised By _____	Checked By _____
Name Signature Date	Name Signature Date

Copy of this form provided to customer