

PP / DT / BP

Funds Transfer Authority

Amount <i>Conditions apply to Periodical Payments over \$100,000</i>	\$
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DEBIT ACCOUNT	Account Name	
	Account / Member Number	

Please ensure all payment details provided including BSB, account number, BPAY biller code and Customer Reference Number (CRN) are confirmed as accurate and relate to the correct and legitimate recipient. **Cairns Bank does not verify that these details match the intended payee's account name or financial institution and is not responsible for any inaccuracies in the information you provide. Payments sent to the wrong account or an unintended beneficiary may not be recoverable.**

TRANSFER FUNDS TO:

INTERNAL ACCOUNT	Internal Account Name	
	Internal Account Number	

EXTERNAL ACCOUNT	BSB Number	
	Name of Financial Institution	
	Account Number	
	Account Name	
	Reference (if required)	

BPAY®	Biller Code	
	Biller Name	
	Biller Reference	
	Receipt Number	<i>Office use only</i>

ONE OFF PAYMENT - DATE PAID	
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PERIODIC PAYMENT DETAILS	Date of Commencement-	Date of Last Payment - <small>(if applicable)</small>
FREQUENCY	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other Details _____	
<i>Office use only</i>	Authority Number	

I confirm that I have checked the above payment details and they are correct

Signature		Date	
Signature		Date	

Office Use Only Sign & Date	Completed By:	Checked By:
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