

For recurring payments only

CONFIDENTIAL COMMUNICATION

This form is confidential and intended only for the use of the addressee. If you have received this communication in error, please notify the financial institution from which you have received it to arrange disposal. Unauthorised use of the information in this message may result in legal proceedings against the user.

To: [Name of Merchant]

(Note: Merchants are required to verify (by signature comparison or other means) that this form has been properly authorised by the Member before making any changes to the Member's recurring payment arrangements. Merchants must contact the Card Holder if there is any doubt as to the Card Holder's authorisation .

I/We have changed card details. With immediate effect, please use the new card details provided below for my/our Recurring Payment.

My/Our Recurring Payment

My/Our Full Account Name:

Lodgement Reference	Last Payment Date	Amount	Debit/Credit
<small>(these details can be found on your regular arrangements list from your old financial institution)</small>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

My Old Card Details

Name on Card Card Number Expiry Date

My New Card Details

Name on Card Card Number Expiry Date

Name of Financial Institution

I/We confirm that I/We am/are authorised to operate the account represented by the Card Number described immediately above and for all future recurring payments. I/We authorise you to use my/our New Card Details, in accordance with the terms of my/our existing Payment Authority.

Member's Signature(s)
(in terms of the account authority)

Date Telephone Number