## Macquarie Cash Solutions Recurring Payment Authority



Macquarie Bank Limited ABN 46 008 583 542 AFSL No. 237502

	ents can be set up or altered online through eBanking with the appropriate level of access.
e return this form by mail to	Reply Paid 85744 Sydney NSW 2001 or by email to transact@macquarie.com.
Account c	letails
Account number:	
Account name:	
Action to be taken	
New payment ▶ go to	o section 2 Amend existing payment ▶ go to section 3 Cancel payment ▶ go to section 4
New Recu	urring Payment
A. Payment details	
Amount of initial payment	t: \$ Immediately
	Future dated, date: / /
Subsequent payment amo	unt: \$ And then dated on: / /
Payment frequency:	Weekly Fortnightly Monthly Quarterly
	Last payment to be made on: / /
	The Recurring Payment will be cancelled after this date. If left blank we will assume until further notice.
Diagon notes france will be	
	be debited on the day you request. Please allow 24 hours for initial setup and two days for redits in your account. If a payment falls on a non Business Day it will be processed the
previous Business Day.	
B. Transfer details	
Account number:	BSB:
Account name:	
Receiving account reference	ce (optional) – the receiving bank will determine whether the reference will appear (maximum 16 characters
Ontional reference approx	ears on your Macquarie Cash statement (maximum 16 characters)



## Amend existing payment

Payee name:  Payment amount: \$ Date of fina Remove account as an additional nominated bank account  B. New details  Payee account number:  Payee name:  New payment amount: \$ Imme  Payment frequency: Weekly Fortnightly Monthly Quart  The Recurring Payment will then be cancelled after this date. If left blank we'  Use this account as an additional nominated bank account. Ena  Cancellation  Cancel the payment amount of: \$  Payee name:  Remove this account as an additional nominated bank account. Please  Declaration and signature  You can sign this form electronically via one of our approved electrour approved electronic signature providers.  By completing this form, you accept and agree to be bound by the terms are Product Information Statement, which relate to the use of Recurring Paymet banking. If you don't already have a copy of the relevant offer document, yo or by contacting us. The declaration must be signed in accordance with the Signature 1  Signature 1  Signate:  Name:  Name:	rly Last pay assume until furthe	dated, date: /ment date:	/ / / / ne.	
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Name: Name:				
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Any other name known by (if applicable)  Any other	account operating	Title:		
	account operating			
Contact number: Contact	re 2 / /			
If a company officer, your corporate title:	re 2 / /			
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acquains.com/persona/contact for onice locations in Sydney, Meibouri	re 2 / / r name known by number: pany officer, your consact@macquarie.	(if applicable) orporate title:	:quarie.cc	m/persona