

# Financial Services

## Funds Transfer Authority

### A. Account Holder Details

Business Entity:
Member Number:

### B. Account to be Debited

Account Number:
Amount to be Transferred:
Lodgment Reference:
Frequency of payment:    Once only [ <input type="checkbox"/> ]    Weekly [ <input type="checkbox"/> ]    Fortnightly [ <input type="checkbox"/> ]    Monthly [ <input type="checkbox"/> ]    Other [ <input type="checkbox"/> ]: _____

### C. Account to be Credited

I/We authorise Viterra to transfer the funds on our written or verbal instructions to:

[  ] the following account held at Viterra:

Viterra Account Number:
Account held in the name of:

[  ] the following bank account held at another Financial Institution:

Financial Institution Name:	
Account held in the name of:	
BSB:	Account:

### D. Authority

**Full name of Account Holder:**

**Signature of Account Holder:**

**Date:**

		DD/MM/YYYY
		DD/MM/YYYY
		DD/MM/YYYY
		DD/MM/YYYY