HomeBank

Internet and Telephone Payments Authority (Single)

(Not to operate as an assignment or an agreement)

TSB Bank

TSB Bank Limited

Payer Details

Authority Number
(Bank use only)

Branch _____

Account Name _____

Account Number 1 5 | 3 9 | | | | | | | | | | | | | | | |

Details to appear on my/our Bank statement

Particulars	Code	Reference

Payee Details

*(Attach copy of **Invoice/Account** to verify details)*

Pay to the credit of _____ Payee Number | | | | | | | |

Payee Account Number | | | | | | | | | | | | | | | | | | | | | | | |

Visa Card Number | | | | | | | | | | | | | | | | |

Details to appear on payee's Bank statement

Particulars	Code	Reference

Conditions

1. The Bank will endeavour to effect such automatic payments without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow any such instructions. Further, the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In any event this authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
2. The Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any monies pursuant to this or any other authority or cheque which I/we may now or hereafter give to the Bank or draw on my/our account.
3. This authority may be terminated without notice to me/us by the Bank or the Payee.
4. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any revocation of this authority until notice of my/our death or bankruptcy or such revocation is received by the Bank.
5. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

Authorisation

1. Please make this automatic payment as detailed by debiting my/our account.
2. I/We understand and accept that the Bank accepts this authority only on the conditions above. Bank Stamp
3. I/We understand that this authority will operate provided the account has sufficient funds on the due date.

Customer's Signature	Contact Phone No.	Date

Customer's Signature	Contact Phone No.	Date

Bank Use Only

Date received _____ Recorded by _____ Checked by _____