

# REGULAR PAYMENTS FORM

Powerwrap Limited ABN 67 129 756 850 AFS Licence 329829

Use this form for regular/recurring payments.

1. CLIE	NT DETAILS						
Deale	er Group:						
Clien	t Account Name:						
Clien	t Account Number:						
2. PAYMENT INSTRUCTION							
One	One off payment: Regular Payment*:						
	*Regular payments only						
(Assume AUD if foreign currency (i.e.		Frequency (i.e. weekly, to or annually)	fortnightly, monthly	Payment Date			
	\$						
3. CLIENT CASH ACCOUNT DETAILS  Account number: BSB:							
4. THIRD PARTY PAYMENT INSTRUCTIONS							
Bene	Beneficiary Name:						
Third	d Party Payee Bank Account Detai	ls					
Beneficiary Name: BSB:							
	ount/IBAN Number:		Refe	rence:			
	,		18 char	racter limit			
5. ADD	DITIONAL PAYMENT INFORI	MATION (Foreign	n Currency Payments	Only)			
Bene	eficiary Bank Account Details						
	Beneficiary Bank Name: SWIFT/Routing Number:						
Bene	eficiary Bank Message:						
Inter	Intermediary Bank Detail - Optional						
Intermediary Bank Name:							
Inter	Intermediary Bank Address:						
State	State: Postcode: Country: SWIFT/Routing Number:						
6. CLIE	ENT AUTHORISATION						
I auth	I authorise my Adviser to arrange for the above payment to be made to the specified Third Party.						
Signa	Signature 1: Signature 2:						
Date	: / /		Date: /	/			
Clien	t Name:		Client Name:				



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# 7. ADVISER AUTHORISATION

I am duly authorised and request that Powerwrap Limited execute the above client instructions. I confirm that I have verified the client's signature and accept full responsibility for these instructions.					
Signature:					
Date: / /					
Adviser Name:					

# Payment instructions

Please select if this payment is a one off payment or if you wish this to be set up as a regular payment. Please note, foreign currency payments cannot be set up as a regular payment. If you do wish for the payment to be a regular payment, please state the frequency for the payment and when you wish the payment to commence from.

#### Client Cash Account Details

This is your Personal Powerwrap Bank Account that the funds will be debited from.

#### **Third Party Payment Instructions**

These are the details of the intended party you wish the payment to be made too. For a European Union Country, please enter the IBAN number of the beneficiary (e.g. GB29 NWBK 6016 1331 XXXX 19).

# **Beneficiary Bank Account Details**

This needs to be completed for a foreign currency payments.

Bank SWIFT/Routing number is dependent on the Currency. For USD currency payments, please state the Beneficiary banks ABA Routing Number. For GBP payments, please state the Banks SWIFT Code. If a SWIFT code has not been provided, please state the Sort Code.

Beneficiary Bank Message should be the payment reference or invoice number (if applicable) that this payment relates to.

# Intermediary Bank Detail

In some instances, the beneficiary bank is unable to receive funds directly and have to use an intermediary bank. If this payment requires an intermediary bank, please complete the additional information. The Intermediary Bank SWIFT/Routing number is dependent on the Currency. For USD currency payments, please state the banks ABA Routing Number. For GBP payments, please state the Banks SWIFT Code. If a SWIFT code has not been provided, please state the Sort Code. Please note, using an intermediary bank may incur additional charges.

Mail to: Powerwrap Limited PO Box 16071 Collins Street West, Vic, 8007 Phone 03 8681 4600

Office use only				
Sig Verified	Officer	Date		
Call back (if required)	Officer	Date		
	Adviser			