



Change to Recurring Payment Authority

Date: ____ / ____ / ____

To

Merchant name

Merchant address

From

Your name

Your address

I have a recurring payment arrangement with your organisation, to pay for the following service/product:

My Customer/Account Number with you is (if applicable):

These payments are charged monthly/weekly/fortnightly/quarterly/annually (please delete whatever is not applicable), to the following card account:

Please change this recurring payment authority to use the following ANZ card account number, effective immediately:

Expiry date: ____ / ____ / ____

Yours faithfully (Signature)

Australia and New Zealand Banking Group Limited ABN 11 005 357 522

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