ANZ Progress Saver Standing Order Application Form



Please set up standing order(s) to top up my Progress Saver Account(s) every MONTH by debiting the amount(s) indicated below from my/our ANZ Current/Savings Account No.						
with effect from						
Progress Saver Account No	Progress Saver Account Name	,	Amount (in figures)	Amount (in words)	Payment Date each month	Expiry Date
						DD/MM/YYYY OR Until revoked
						DD/MM/YYYY OR Until revoked
						DD/MM/YYYY OR Until revoked
 I hereby appoint Australia and New Zealand Group Limited, Singapore Branch ("the Bank") as my agent for the purpose of effecting a payment per the details given on the face of this standing order (the "Instruction"). The said payment may be made by the Bank through its customary channels, and the Bank is absolved from any and all liabilities for loss arising from any cause beyond its control, including but not limited to the following: (A) the act, failure or neglect of any agent or correspondent selected by the Bank for the payment thereof; (B) any delay, error, omission or default of any mail, telegraph, cable or wireless operator; (C) any change in applicable law, expropriation, moratorium, exchange restriction or any other act or threat of governmental or other authority. If the payment date falls on a day other than a business day, the payment will be effected on the following business day. Although the Bank will endeavor to effect such periodic payments, the Bank accepts no responsibility to make the same, and accordingly the Bank shall not incur any liability through any refusal or omission to make all or any of the payments or by reason of late payment or by any omission to follow the Instruction or because of insufficient funds in the account. I agree that no notice will be sent to me if the Bank is unable to effect payment due to insufficient funds. This Instruction will remain effective in respect of payments made in good faith notwithstanding my death or incapacity or bankruptcy or the revocation of this order by any other means until notice of my death or incapacity or bankruptcy or of such revocation is received by the Bank. The Bank reserves the right to cancel the Instruction if there are insufficient funds for 2 consecutive months. Termination or alteration of this Instruction by me must be made in writing and reach the Bank before the date of payment. The Bank reserves the right to cancel the Instruction						
Main Account Holder				Account Holder 2		
Name:				Name:		
Signature	Date	e (DD/MM/YYYY)		Signature		Date (DD/MM/YYYY)
FOR BANK USE ONLY				Approved D.		
Attended By:				Approved By:	ont Halds	
Input By:				CIF Number of Main Accou		
Remarks:				CIF Number of Account Ho	older 2	