

Authority for Automatic Payments

(Not to operate as an assignment or an agreement)

FOR BANK USE	A/P No	Type	Charge	Bank Int.
	Nbr. Std Com.	Bulk/G.A. Code	Freq. O/rds	

PAYER DETAILS To the Manager

* * * *	Name of Bank	IMPORTANT PLEASE TICK <input type="checkbox"/> This is a new authority OR <input type="checkbox"/> As from _____ (first payment date), this authority replaces existing authorities for \$ _____ in favour of the same payee.
	Branch	
	Address	
	Name of Account	

Account details: On behalf of: Name if other than payer:

Bank	Branch number	Account number	Suffix

Details to appear on my/our bank statement.

Particulars	Code	Reference

FREQUENCY AND AMOUNT

First Payment Date	Last Payment Date.	OR	Until further notice
			Tick:
Tick One Box	Every week	Every fortnight	Every month
Fixed Amount	Amount \$	Amount in Words	

PAYEE DETAILS Pay to the credit of:

Name of Bank	Branch
Bank of New Zealand	Auckland
Name of account	Account details
E L L E R S L I E P A	Bank Branch number Account number Suffix 0 2 0 1 0 0 0 1 2 0 9 5 8 2 0
Details to appear on payee's bank statement	
Particulars (Customer Name)	Reference (Customer #)
P L E D G E G I V I N	

AUTHORISATION

- Please make this automatic payment by debiting my/our account.
- I/We understand and accept that the Bank accepts this authority only on the conditions overleaf.

Date: _____ / _____ / _____

* NAME OF ACCOUNT

* SIGN HERE

* Please fill in each of the rows marked with an asterisk (Contact Phone No.) PLEASE TURN OVER