



Authority for Automatic Payments

Mercury Energy

<p>Payer Details To the Manager</p> <p>Name of Bank <input type="text"/></p> <p>Branch <input type="text"/></p> <p>Address <input type="text"/></p> <p>Name of Account <input type="text"/></p> <p>Account Details</p> <table border="0"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Bank</td> <td>Branch Number</td> <td>Account Number</td> <td>Suffix</td> </tr> </table> <p>Details to appear on my/our bank statement</p> <table border="0"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Particulars</td> <td>Code</td> <td>Reference</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Bank	Branch Number	Account Number	Suffix	<input type="text"/>	<input type="text"/>	<input type="text"/>	Particulars	Code	Reference	<p>Authority for Automatic Payments (Not to operate as an assignment or an agreement)</p> <p>Important please tick</p> <p><input type="checkbox"/> This is a new payment or <input type="checkbox"/> Change existing payment no. <input type="text"/><input type="text"/><input type="text"/> to the same account holder</p> <p>On behalf of: (Name if other than payer) <input type="text"/></p>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
Bank	Branch Number	Account Number	Suffix												
<input type="text"/>	<input type="text"/>	<input type="text"/>													
Particulars	Code	Reference													

Frequency and Amount	
First Payment Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Last Payment Date <input type="text"/> / <input type="text"/> / <input type="text"/> or Until Further Notice <input type="checkbox"/> Tick
Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Four Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	Specify Other Period <input type="text"/>
Tick appropriate box	
Fixed Amount Amount \$ <input type="text"/>	Amount in Words <input type="text"/>
Complete if Applicable (Tick one box only)	
Variable First Amount <input type="checkbox"/>	
Variable Last Amount <input type="checkbox"/>	Amount in Words <input type="text"/>
	Amount <input type="text"/>

Payee Details	
Pay to the credit of:	
<input type="text"/> ASB BANK LIMITED	<input type="text"/> CORPORATE BANKING
Name of Bank	Branch
Name of Account	Account Details
<input type="text"/> M E R C U R Y E N E R G Y	<input type="text"/> 1 2 <input type="text"/> 3 0 1 3 <input type="text"/> 0 8 9 3 6 8 1 <input type="text"/> 0 0
	Bank Branch Number Account Number Suffix
Details to appear on payee's bank statement	
<input type="text"/>	<input type="text"/>
Particulars: First Initials and Surname	Code: N/A Reference: Your Account Number

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 overleaf.					
Name of account – customer to complete (Business/Personal) Delete one					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Customer's signature)	(Contact Phone No.)	(Date)	(Customer's signature)	(Contact Phone No.)	(Date)

For Bank use only			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Received:	Recorded by:	Checked by:	Bank Stamp

Conditions in Respect to the Authority for Automatic Payments

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
2. Where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions 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 such directions.
3. The Bank accepts no responsibility or liability for the accuracy of this information contained in the payment information fields on this authority.
4. I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
6. 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.
7. The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account.
8. This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed on this form.
9. 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 other revocation of this authority until notice of my/our death, bankruptcy or other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

Participating Banks

- (i) Settlement Members of the New Zealand Banker's Association; and
- (ii) Agency Banks, the Agency arrangements in respect of which have been approved by the Association.