

PAYER DETAILS

To the Manager

Name of Bank

Branch

Address

Name of Account

Account

Bank

Branch Number

Account Number

Suffix

Details to appear on my/our bank statement

Particulars

Code

Reference

Authority for Automatic Payments

(Not to operate as an assignment or an agreement)

Important please tick

This is a new payment

or

Change existing payment no. to the same account holder

On behalf of: (Name if other than payer)

FREQUENCY AND AMOUNT

First Payment Date / / Last Payment Date / / or Until Further Notice Tick

Weekly Fortnightly Four Weekly Monthly Specify Other Period

Tick appropriate box

Fixed Amount Amount \$ Amount in Words

Complete if Applicable (Tick one box only)

Variable First Amount \$ Amount in Words

Variable Last Amount

PAYEE DETAILS

Pay to the credit of:

Name of Bank

Branch

Name of Account

Account Details

Bank

Branch Number

Account Number

Suffix

Details to appear on payee's bank statement

Particulars: First Initials and Surname

Code: N/A

Reference: Your Account Number

AUTHORISATION

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

Name of Account Business Personal

(Customer's signature)

(Contact Phone No.)

(Date)

(Customer's signature)

(Contact Phone No.)

(Date)

For Bank use only:

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.