

### Authority for automatic payments

Not to operate as an assignment or an agreement.

**BANK USE ONLY:**

|         |      |        |           |              |                |              |
|---------|------|--------|-----------|--------------|----------------|--------------|
| A/P No. | Type | Charge | Bank Int. | Non Std Com. | Bulk/G.A. Code | Freq. O'ride |
|         |      |        |           |              |                |              |

### Payer details

#### To the manager

Name of bank | \_\_\_\_\_  
 Store/Branch | \_\_\_\_\_  
 Address | \_\_\_\_\_  
 Account name | \_\_\_\_\_

Important please tick

This is a new authority,  
 or  
 As from 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

 \$ \_\_\_\_\_  
 (first payment date), in favour of the same payee

#### Account details

|      |       |                |        |
|------|-------|----------------|--------|
| Bank | Store | Account number | Suffix |
|      |       |                |        |

#### On behalf of (Name if other than payer)

\_\_\_\_\_

#### Details to appear on my/our bank statement

Particulars (max 12 characters) | Code (max 12 characters) | Reference (max 12 characters)

### Frequency and amount

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

 or until further notice (tick)  
 First payment date | Last payment date

#### Frequency

Weekly  Fortnightly  Four weekly  Monthly  Other \_\_\_\_\_  
 Specify other period

#### Fixed amount

Amount \$ \_\_\_\_\_ | Amount in words \_\_\_\_\_

#### Variable amount

Complete if applicable (one option only)

Variable first amount  
 Variable last amount | Amount \$ \_\_\_\_\_ | Amount in words \_\_\_\_\_

### Payee details

#### Pay to the credit of

Name of bank | **BANK OF NEW ZEALAND** | Store/Branch | **AUCKLAND**  
 Account name | **ST JOSEPH GREY LYNN** | Bank | **0 2** | Store/Branch | **0 1 0 0** | Account number | **0 1 2 0 9 6 6** | Suffix | **0 8**

#### Details to appear on my/our bank statement

Particulars (max 12 characters) | Code (max 12 characters) | Reference (max 12 characters)

| | **P L A N G I V I N G** | |

### 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.

#### Customer to complete

Account name | \_\_\_\_\_  
 Signature | \_\_\_\_\_ | Telephone | **0** | \_\_\_\_\_ | 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

  
 Account name | \_\_\_\_\_  
 Signature | \_\_\_\_\_ | Telephone | **0** | \_\_\_\_\_ | 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

