

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
---	---	---	---	---	---

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
---	---	---	---	---	---

