

Authority for Automatic Payments

(Not to operate as an assignment or an agreement)

| | | | | |
|--------------|----------------------|----------------------|----------------------|----------------------|
| FOR BANK USE | A/P No | Type | Charge | Bank Int. |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Non Std. Com. | Bulk/G.A. Code | Freq. O'ride | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

PAYER DETAILS To the Manager

| |
|-----------------|
| Name of Bank |
| Branch |
| Address |
| Name of Account |

IMPORTANT PLEASE TICK

This is a new authority
OR
 As from _____ (first payment date), this authority replaces existing authorities for \$ _____ in favour of the same payee.

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

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Bank | Branch number | Account number | Suffix |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Details to appear on my/our bank statement.

| | | |
|-------------------|----------------------|----------------------|
| Particulars | Code | Reference |
| S T J O S E P H S | <input type="text"/> | <input type="text"/> |

FREQUENCY AND AMOUNT

| | | | |
|----------------------|----------------------|----|--------------------------------|
| First Payment Date | Last Payment Date. | OR | Until further notice |
| <input type="text"/> | <input type="text"/> | | Tick: <input type="checkbox"/> |

| | | | |
|--------------|--------------------------------|-------------------------------------|---------------------------------|
| Tick One Box | Weekly \$ <input type="text"/> | Fortnightly \$ <input type="text"/> | Monthly \$ <input type="text"/> |
|--------------|--------------------------------|-------------------------------------|---------------------------------|

| | | |
|--------------|--------------------------------|--------------------------------------|
| Fixed Amount | Amount \$ <input type="text"/> | Amount in Words <input type="text"/> |
|--------------|--------------------------------|--------------------------------------|

PAYEE DETAILS Pay to the credit of:

| | |
|-------------------|--|
| Name of Bank | Branch |
| BNZ | PONSONBY |
| Name of account: | Account details |
| S T J O S E P H S | Bank Branch number Account number Suffix |
| | 0 2 0 2 4 8 0 3 1 7 2 9 8 0 0 |

Details to appear on payee's bank statement

| | | |
|----------------------|----------------------|----------------------|
| Particulars | Child's/Family Name | Reference |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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..... (Contact Phone No.)

* Please fill in each of the rows marked with an asterisk