

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.

Until further notice

OR

Tick:

Tick One Box
Weekly \$

Fortnightly \$

Monthly \$

Fixed Amount

Amount \$

Amount in Words

PAYEE DETAILS Pay to the credit of:

Name of Bank

BNZ

Branch

PONSONBY

Account details

Name of account:

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

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