Bank of New Zealand

Authority for Automatic Payments
(Not to operate as an assignment or an agreement)

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

Details to appear on my/our bank statement.

Particulars

Code

Reference

FREQUENCY AND AMOUNT

First Payment Date

Last Payment Date

OR

Until further notice
Tick:

Tick Box	Weekly	Fortnightly	Four Weekly	Monthly	Specify other period

Fixed Amount	Amount $	Amount in Words

Complete if applicable (tick one box only)

Variable First Amount		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

Code

Reference

AUTHORISATION

1. Please make this automatic payment by debiting my/our account
2. 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.)

18382 11/02

PLEASE TURN OVER