

PAYER DETAILS To The Manager		AUTHORITY FOR AUTOMATIC PAYMENTS <small>(Not to operate as an assignment or an agreement.)</small>
Name of Bank		
Branch		
Address		
Name of Account		IMPORTANT PLEASE TICK
		<input type="checkbox"/> This is a new authority, OR <input type="checkbox"/> 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: <input type="checkbox"/>							
Tick Box	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Four Weekly	<input type="checkbox"/> Monthly Specify Other Period										

Fixed Amount	Amount \$	Amount in Words

Complete if applicable (tick one box only)		
Variable First Amount	<input type="checkbox"/> Amount	Amount in Words
Variable Last Amount	<input type="checkbox"/> \$	

PAYEE DETAILS		For payment by cheque tick box <input type="checkbox"/> and complete section on reverse (leave this section blank).															
Pay to the credit of:																	
Name of Bank						Branch											
BNZ						PALMERSTON NORTH											
Name of Account						Account Details		Bank		Branch Number		Account Number		Suffix			
HASTINGS PARISH						020630		0288045		022							
Details to appear on payee's Bank statement.																	
Particulars				Code				Reference									

AUTHORISATION															
1. Please make this automatic payment as detailed by debiting my/our account.															
2. I/We understand and accept that the Bank accepts this authority only on the conditions overleaf.															
Name of Account (customer to complete)															
Customer's Signature				Contact Telephone No.				Date / /							
Customer's Signature				Contact Telephone No.				Date / /							