

Authority for Automatic Payments

(Not to operate as an assignment or an agreement)

BANK USE ONLY			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A/P #	Type	Chrg	Bank Int
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Std Com.	Bulk/G.A. Code	Freq O'ride	

PAYER DETAILS (To the Manager)

1. Name of Bank	5. Please tick... <input type="checkbox"/> This is a NEW authority <input type="checkbox"/> Or, as from _____ (first payment date), this authority replaces existing authorities for \$ _____ in favour of the same payee.
2. Branch	
3. Address	
4. Acct. name	

6. Account details:

Bank	Branch #	Account number	Suffix	On behalf of (name if other than payer)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Details to appear on bank statement

Particulars	Code	Reference
<input type="text"/>	<input type="text"/>	<input type="text"/>

FREQUENCY & AMOUNT

1. First payment date: / /

2. Last payment date: OR ...until further notice Tick:

4. Frequency (tick ONE) Weekly Fortnightly Four-weekly Monthly Other (specify): _____

3. Amount \$ In words

PAYEE DETAILS (Pay to the credit of...)

1. Name of Bank ASB	2. Branch Commercial North Island	
3. Acct. name A I I S E C U R E S E L F S T O R	4. Account details: Bank: <input type="text"/> Branch #: <input type="text"/> Account number: <input type="text"/> Suffix: <input type="text"/>	
Particulars	Code	Reference
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 outlined below.

DATE (DD / MM / YYYY)
/ /

NAME OF ACCOUNT _____

SIGN HERE _____

CONTACT TELEPHONE _____

CONDITIONS

- The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
- Where the directions given in this authority have been given by me / us for the purpose of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow such directions.
- The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
- I / We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
- This authority is subject to any arrangement now or hereafter subsisting between myself / ourselves and the Bank in relation to my/our account.
- The Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any monies pursuant to this or any other authority or cheque which I / we may now or hereafter give to the Bank or draw on my / our account.
- The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my / our account.
- This authority may be terminated or reduced by the Bank or the payee without notice to me / us in respect of the payments detailed over.
- This order will remain in force and effect in respect of all payments made in good faith notwithstanding my / our death or bankruptcy or any other revocation of this order until notice of my / our death, bankruptcy or other revocation is received by the Bank.
- All current Bank and Government charges for this service in force from time to time are to be debited to my / our account.

ALTERATION TO FIXED AMOUNT

Please alter the fixed amount of this transfer...

As from / /	Fixed Amount \$	Amount in Words	Customer's Signature
As from / /	Fixed Amount \$	Amount in Words	Customer's Signature

BANK USE ONLY

Date r'cvd:	Recorded by:	Checked by:	X Code Reason:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Signature:
			<input type="text"/>

BANK STAMP