Authority for automatic payments

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Please complete this form if you wish to set up an automatic payment and then take it to YOUR bank.



You can also set up the automatic payment via Internet Banking.

Authority for automatic payments Not to operate as an assignment or an agreement.	BANK USE ONLY: Bank A/P No. Type Charge Int. Non Std Com. Bulk/G.A. Code O'ride
······	
Payer details	
To the manager	Important please tick
Name of bank	This is a new authority, or this authority replaces existing
Store/Branch	As from authorities for
Address	(first payment date), in favour of the same payee
Account name	
Account details On be	ehalf of (Name if other than payer)
Bank Store Account number Suffix	
Details to appear on my/our bank statement Particulars (max 12 characters) Code (max 12 characters)	Reference (max 12 characters)
Frequency and amount	
D , D M , M Y , Y D , D M , M Y , Y Or until further notice	ce (tick)
First payment date Last payment date	
Frequency	
Weekly Fortnightly Four weekly Monthly Other	ther period
Fixed amount	une period
Amount \$ Amount in words	
Variable amount Complete if applicable (one option only)	
Variable first amount	
Variable last amount Amount \$	words
Payee details Pay to the credit of	
Name of bank BNZ	Store/Branch Leeston
Filesmans Callers	0,2,0,8,6,0,0,7,4,7,4,7,0,0
Details to appear on my/our bank statement	Bank Store/Branch Account number Suffix
Particulars (max 12 characters) Code (max 12 characters)	Reference (max 12 characters)
Please use your child's name as reference	
Authorisation	
1. Please make this automatic payment as detailed by debiting my/our acco	ount.
2. I/We understand and accept that the Bank accepts this authority only on t	the conditions overleaf.
Customer to complete	
Account name	
Signature	Telephone 0 D D M M Y Y
Account name	
Signature	Telephone 0 D D M M Y Y