

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details to appear on my/our bank statement

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

FREQUENCY AND AMOUNT

First Payment Date / / Last Payment Date / / OR Until Further Notice ☐

Frequency: ☐ Weekly ☐ Fortnightly ☐ Four weekly ☐ Monthly or Specify other period

Fixed Amount \$ Amount in words

Complete if applicable (one option only):

Variable amount ☐ First ☐ Last \$ Amount in words

PAYEE DETAILS

For payment by cheque tick box ☐ and complete section on reverse (leave this section blank)

Pay to the credit of:

Name of Bank Bank of New Zealand Branch Taumarunui

Name of Account:	Bank	Branch Number	Account Number	Suffix
K I N G C O U N T R Y E N E R G Y	0 2	0 4 2 4	0 0 2 6 0 3 6	0 2 /

Details to appear on payee's bank statement

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

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

Name of Account (Customer to complete)

Customer's Signature Contact ph Date..... / /

Customer's Signature Contact ph Date..... / /

Cheque payable to:

[illegible][illegible][illegible]

1. The Bank will endeavour to effect such automatic payments 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 any such instructions. Further, the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In any event this authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
2. The Bank may in its absolute discretion conclusively determine the order or priority of payment by it or any moneys 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.
3. This authority may be terminated or reduced without notice to me/us in respect of the payment detailed over, by the Bank, or the Payee.
4. 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 such revocation is received by the Bank.
5. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

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
..... / /

Date Received:	Recorded By:	Checked By:	X Code Reason:
			Sign:

BANK
STAMP