

# Authority for Automatic Payments

(Not to operate as an assignment or an agreement)

FOR BANK USE	A/P No	Type	Charge	Bank Int.
	Non Std Com.	Bulk/G.A. Code	Freq. O'ride	

## 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
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Details to appear on my/our bank statement.

Particulars	Code	Reference
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## FREQUENCY AND AMOUNT

First Payment Date	Last Payment Date	OR	Until further notice	Tick:	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Tick Box	Weekly	Fortnightly	Four Weekly	Monthly	Specify other period

Fixed Amount	Amount \$	Amount in Words
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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
BANK OF NEW ZEALAND	HUAPAI

Name of account:	Account details
KARRA	Bank Branch number Account number Suffix
	020324 0083260 00

Details to appear on payee's bank statement.

Particulars	Code	Reference
		POWER FUND

## AUTHORISATION

- Please make this automatic payment by debiting my/our account
- We understand and accept that the Bank accepts this authority only on the conditions overleaf.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME OF ACCOUNT.....

SIGN HERE.....