

## Automatic payment authority

1	Important - please tick ONE	E only Please print your details clearly in CAPITAL letters, using a pen		
	Set up a new automatic payment	t or,		
	Change an existing authority for	\$ in favour of the same payee, as from 2 0 [first payment date] or	,	
	Day Month Year  Cancel an existing automatic payment. If you're using this option, please complete only the details marked with an asterisk (*).			
2	2 Payer account details – pay from this account			
	Name of your bank	Branch D		
	Name of account			
	On behalf of Iname if other than you!		Ī	
	*Bank account number		-	
	Details to appear on my bank s	Bank Branch Account number Suffix		
	Your particulars (if required)	Your reference (if required)		
	Your code (if required)		]	
3	3V 42 VX	replacing an existing authority only enter details to be changed	i	
	First payment date	2 0 Last payment date* 2 0 or until	1	
		Day Month Year Day Month Year (tick		
	Frequency of payment	weekly fortnightly four weekly monthly two monthly quarterly half yearly yearly	]	
	*Fixed amount	\$	i	
	Amount in words		] i	
	Variable amount (tick one) Complete if applicable	Variable first amount Variable last amount Variable amount \$	1	
(a)	Amount in words			
4 Payee details – pay to the credit of				
	Name of bank	B N Z Branch P A L M E R S T O N N T H		
	*Name of account	DIOCESE OF PALMERSTON NTH	]	
	Bank account number	02 0630 0237950 04		
	Description of payment to appe	Bank Branch Account number Suffix ear on their bank statement		
	Your particulars (if required)	Your reference (if required)		
	Your code (if required)		ĺ	
			-	
5 Terms and conditions				
<ul> <li>the Bank will use reasonable care and skill to give effect to the directions given to it in this authority</li> <li>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</li> <li>the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority</li> <li>I/we will advise the Bank immediately of any information shown on bank statements which is incorrect</li> <li>this authority is subject to any arrangement existing now or in the future between myself/ourselves and the Bank in relation to my/our account</li> <li>the Bank may in its absolute discretion conclusively determine</li> </ul>				
6	Authorisation			
NI-	no of account		1	
	ne of account			
Day Month Year				
CON	stact phone number STD/Cell			
	nt signature	Day Month Year		
Con	stact phone number	Daytime		
Bank use only				
Cus	tomer's Signature verified	[tick]		
AP a	authority number			

PLEASE COMPLETE IN FULL AND TAKE TO YOUR BANK