

Authority for Automatic Payment

Payer Details To The Manager	Authority for Automatic Payments (Not to operate as an assignment or an agreement.)
Name of Bank	Important – Please tick <input type="checkbox"/> This is a new authority, or <input type="checkbox"/> As from / / (first payment date), this authority replaces existing authorities for \$..... in favour of the same payee.
Branch	
Name of Account	

Account Details			
On behalf of:			
(Name if other than payer)			
Bank	Branch Number	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			
First Payment Date		Last Payment Date	
Frequency of Payment (tick one)		or Until Further Notice <input type="checkbox"/> (tick)	
Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other (please specify)
Fixed Amount \$			
Amount in words			
Variable Amount (tick one)	Variable First Amount <input type="checkbox"/>	Variable Last Amount <input type="checkbox"/>	Variable Amount \$
Amount in words			

Payee Details			
Pay to the credit of:			
Name of Bank	ASB	Branch	BLenheim
Name of Account and Account Number	Bank	Branch Number	Account Number
C R E D I T R E C O V E R I E S	1 2	3 1 6 7	0 1 4 1 8 0 2
	Suffix	or credit card	
	0 1		
Details to appear on payee's Bank statement			
Particulars (max. 12 characters)	Code (max. 12 characters)	Reference (max. 12 characters)	

- Conditions**
1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
 2. 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.
 3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
 4. I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
 5. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
 6. 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.
 7. 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.
 8. This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed above.
 9. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any revocation of this authority.
 10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

Authorisation 1. Please make this automatic payment as detailed by debiting my/our account. 2. I/We understand and accept that the Bank accepts this authority only on the conditions above. Name of Account (customer to complete)	Bank Use Date Received: / / Recorded by: Checked by:
Customer's Signature: _____	Date: / /
Customer's Signature: _____	Date: / /