

# Authority for Automatic Payments

(Not to operate as an assignment or an agreement)

A/P No.	Type	Charge	Bank Int.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non Std Com.	Bulk/G.A. Code	Freq. O'ride	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## PAYER DETAILS To the Manager

Name of Branch:	<b>IMPORTANT PLEASE TICK</b>
Branch:	
Address:	
Name of Account:	

This is a new authority  
 OR  
 As from \_\_\_\_\_ (first payment date), this authority replaces existing authority 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	Tick:	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	
Tick Box	Weekly	Fortnightly	Four Weekly	Monthly	Specify other period
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Fixed Amount	Amount \$	Amount in Words
<input type="text"/>	<input type="text"/>	<input type="text"/>

Complete if applicable (tick one box only)

Variable First Amount	Amount \$	Amount in Words
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Variable Last Amount		
<input type="checkbox"/>		

## PAYEE DETAILS Pay to the credit of:

Name of Bank	Branch			
<b>ASB BANK</b>	<b>HUNTERS CORNER</b>			
Account details				
Name of account	Bank	Branch Number	Account Number	Suffix
<b>T H E R E N T S H O P L T D</b>	<b>1</b>	<b>2 3 1 1 1</b>	<b>0 0 0 3 2 2 4</b>	<b>0 0 0</b>

### 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 condition overleaf.

NAME OF ACCOUNT .....

SIGN HERE .....

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

\_\_\_\_\_ (Contact Phone No.)