PAYER DETAILS

To the Manager

AUTHORITY FOR AUTOMATIC PAYMENTS
(Not to operate as an assignment or an agreement)

Name of Bank	**IMPORTANT PLEASE TICK**
Branch	☐ This is a new authority. OR
Address	☐ As from ..... (First payment date), this authority replaces existing authorities for $.....in favour of the same payee.
Name of Account	

On behalf of: (name if other than payer):

ACCOUNT DETAILS:

Bank Branch number | Account Number | Suffix

Details to appear on my/our bank statement

Payer Particulars | Payer Code | Payer Reference

FREQUENCY AND AMOUNT

First Payment Date	Last Payment Date	OR	Until further notice (tick): ☐

Please Tick One Box: ☐ Weekly ☐ Fortnightly ☐ Four Weekly ☐ Monthly ☐ Specify other period

Regular Amount	Amount $	Amount in Words

If the first or last payment will be different from the others, please tick the appropriate box and show the amount

Variable First Amount ☐	Amount $:	Amount in Words:
Variable Last Amount ☐	Amount $:	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: ASB BANK

Branch: TIMARU

Name of account: TIMARU BOYS HIGH SCHOOL

Account details:

Bank Branch number: 123159

Account Number: 00380004

Suffix: 00

Details to appear on payee's bank statement

Particulars | **Code** | **Reference**

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 overleaf.

NAME OF ACCOUNT: .....

(Customer's Signature) (Contact Phone No.) (Date) (Customer's Signature) (Contact Phone No.) (Date)

Please complete this section if payments are to made by bank cheque:

Cheque payable to:

Please send cheque to this address:

Text to accompany payment should read:

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 of 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 over.
9. This authority will remain in force and affect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

ALTERATION TO REGULAR AMOUNT

Please alter the regular amount of this automatic payment

As from / /	New regular payment amount $	Amount in Words	Customer's Signature
As from / /	New regular payment amount $	Amount in Words	Customer's Signature

FOR BANK USE ONLY:

Date Received:	Recorded By:	Checked By:

BANK STAMP