AUTOMATIC PAYMENT AUTHORITY

Please print all details clearly using a black or blue pen, so we can easily action your request.

1. Important – please tick ONE only

- ◯ Please set up a new authority, or
- ◯ On and from D D M M Y Y Y Y (first payment date) replace the existing authority for $. in favour of the same payee
- ◯ Cancel an existing automatic payment. If you're using this option, please complete only the details marked with an asterisk (*).

2. Payer details

Name of your bank

Name and account number to be debited:

Name of account

*Bank account number

Bank Branch Account number Suffix

Details to appear on your bank statement:

Your particulars | Your code | Your reference

3. Frequency and amount

First payment date D D M M Y Y Y Y *Last payment date D D M M Y Y Y Y or ◯ Until further notice (tick)

Frequency of payment ◯ Weekly ◯ Fortnightly ◯ Monthly ◯ Other

*Fixed amount $.

Amount in words

If the first or last payment will be a different amount, please tick the appropriate box and enter the amount:

Variable amount (if applicable) ◯ Variable first amount ◯ Variable last amount Variable amount $.

Amount in words

4. Payee details

Name of their bank: BNZ - Palmerston North

*Name of account: DIOCESE OF PALMERSTON NORTH

Bank account number: 02 0630 0237950 04

Bank Branch Account number Suffix

Description of payment to appear on their bank statement:

Their particulars | Their code | Their reference

5. From the payer to [Insert name of payer's bank] (my bank)

I authorise you to make automatic payments to the payee by withdrawing funds from my/our account. Where there is not enough money in my/our account to make the requested automatic payment, I/we acknowledge that the bank may still honour the payment or try again before dishonouring the payment. Please refer to your terms and conditions for details of any fees that may apply.

I agree that this authority is subject to the terms and conditions that relate to my account.

*Customer signature D D M M Y Y Y Y Contact phone number ( )

*Customer signature D D M M Y Y Y Y Contact phone number ( )

Admin use only

Date received: D D M M Y Y Y Y

Recorded by:

Checked by:

RESET form