

Authority for Automatic Payments



(Not to operate as an assignment or an agreement)

| | | | | |
|-----------------------------|-----------------|-------------------|--------|-----------------|
| FOR BANK USE | A/P No | Type | Charge | Bank Int. |
| | Non Std Com. | Bulk/G.A. Code | | Freq. O'ride |
| | | | | |

PAYER DETAILS

To the Manager

(Not to operate as an assignment or an agreement)

| | |
|-----------------|---|
| Name of Bank | IMPORTANT PLEASE TICK |
| Branch | |
| Address | |
| Name of Account | |
| | <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. |

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 | Code | Reference |
| | | |

FREQUENCY AND AMOUNT

| | | | |
|--|---------------------------------|--------------------------------------|---|
| First Payment Date | Last Payment Date | OR | Until further notice Tick: |
| | | | |
| Tick Box | <input type="checkbox"/> Weekly | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Four Weekly |
| | | <input type="checkbox"/> Monthly | <input type="checkbox"/> Specify other period |
| Fixed Amount | Amount \$ | Amount in Words | |
| Complete if applicable (tick one box only) | | | |
| Variable First Amount | Amount \$ | Amount in Words | |
| Variable Last Amount | | | |

PAYEE DETAILS

Pay to the credit of:

| | | |
|--|--|-----------|
| Name of Bank | Branch | |
| BANK OF NEW ZEALAND | NEWMARKET | |
| Name of account: | Account details | |
| W E S L E Y A N I N V E S T F N D | Bank Branch number Account Number Suffix | |
| | 0 2 0 2 6 4 0 0 0 0 2 9 0 0 0 0 | |
| Details to appear on payee's bank statement. | | |
| Particulars (Name) | Code (Account No.) | Reference |
| | W I F | |

AUTHORISATION

- Please make this automatic payment as detailed by debiting my/our account.
- I/We understand and accept that the Bank accepts this authority only on the conditions overleaf.

Date: _____ / _____ / _____

NAME OF ACCOUNT

SIGN HERE

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.
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ALTERATION TO FIXED AMOUNT

Please alter the regular amount of the automatic payment

| | | | |
|----------------|--------------------|-----------------|----------------------|
| As from / / | Fixed Amount \$ | Amount in Words | Customer's Signature |
| As from / / | Fixed Amount \$ | Amount in Words | Customer's Signature |

FOR BANK USE ONLY

| | | | |
|-------------------|-----------------|----------------|-------------------------------|
| Date Received: | Recorded By: | Checked By: | X Code Reason Sign: |
|-------------------|-----------------|----------------|-------------------------------|

| |
|---------------|
| BANK STAMP |
|---------------|