

## 1. Payer Details *To the Manager*

This is a new authority; OR

As from \_\_\_\_\_

(first payment date), this authority replaces existing authorities for \$ \_\_\_\_\_ in favour of the same payee.

Name of Bank

Branch

Address

Name of Account

### BANK ACCOUNT DETAILS

On behalf of (Name if other than payer)

Account

### Details to appear on my/our Bank Statement



Particulars

Code

Reference

## 2. Frequency and Amount

First Payment Date  Last Payment Date  or until further notice

Weekly  Fortnightly  Four Weekly  Monthly  Specify other period

Fixed Amount \$  Fixed Amount in words

Variable Amount First  Last  Complete if applicable (tick one box only)

Amount \$  Fixed Amount in words

## 3. Payee Details *Pay to the credit of:*

Name of Bank  ANZ Branch  CNR QUEEN & VICTORIA STREETS, AUCKLAND

Account Name  WHAI RAWA TRUST ACCOUNT

Account  0 1  0 1 0 2  0 8 5 7 3 9 8  0 0 0

Details to appear on payee's bank statement. This information must be completed.

Whai Rawa Account Number

Surname

#### 4. Authorisation

1. Please make this automatic payment by debiting my/our account
2. I/We understand and accept that the Bank accepts this authority only on the conditions below

Name of Account \_\_\_\_\_

Sign Here \_\_\_\_\_

Date \_\_\_\_\_ Contact phone no. \_\_\_\_\_

#### 5. 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 has 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 over.
9. This order will remain in force and effect 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, bankruptcy or other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time are to be debited to my/our account.

#### FOR BANK USE ONLY

Date Received  Recorded by  Checked by

X Code Reason  Sign