Authority for Automatic Payment

Payer Details	Authority for Automatic Payments
To The Manager	(Not to operate as an assignment or an agreement.)
Name of Bank	Important — Please tick
Branch	☐ This is a new authority, or
	As from / / (first payment date), this
Name of Account	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 (max. 12 characters) Code (max. 12 characters)	Reference (max. 12 characters)
Frequency and Amount	or Until
First Payment Date DDMMMYYYYYY Last Payment Date DDMMMY	Y Y Y Y Further Notice (tick)
Frequency of Payment (tick one) Weekly Fornightly Monthly	Other
Fixed Amount \$	(please specify)
Amount in words	
Variable Amount (tick one) Variable First Amount Variable Last Amount	Variable Amount \$
Amount in words	
Payee Details	
Pay to the credit of:	
	CLEMETER
Name of Bank ASB BANK Branch	GLENFIELD
Name of Bank ASB BANK Branch Name of Account and Account Number Bank Branch Nu	mber Account Number Suffix
Name of Bank ASB BANK Branch Name of Account and Account Number Bank Branch Nu G L E N F I E L D I N T E R M E D 1 2 3 1	
Name of Bank ASB BANK Branch Name of Account and Account Number G L E N F I E L D I N T E R M E D 1 2 3 1 Or credit card Details to appear on payee's Bank statement	Market Account Number Suffix O 9 O 0 1 2 5 3 5 O 0 1
Name of Bank ASB BANK Branch Name of Account and Account Number Bank Branch Nu G L E N F I E L D I N T E R M E D 1 2 3 1 or credit card	Market Account Number Suffix O 9 O 0 1 2 5 3 5 O 0 1
Name of Bank ASB BANK Branch Name of Account and Account Number G L E N F I E L D I N T E R M E D 1 2 3 1 Or credit card Details to appear on payee's Bank statement	Market Account Number Suffix O 9 O 0 1 2 5 3 5 O 0 1
Name of Bank ASB BANK Branch Name of Account and Account Number G L E N F I E L D I N T E R M E D 1 2 3 1 Or credit card Details to appear on payee's Bank statement	Market Account Number Suffix O 9 O 0 1 2 5 3 5 O 0 1
Name of Bank ASB BANK Branch Name of Account and Account Number Bank Branch Number Bank Branch Number Bank Branch Number Bank Branch Number Or credit card Details to appear on payee's Bank statement Particulars (max. 12 characters) CHILD'S SURNAME Code (max. 12 characters) CHILD'S FIRST NAM 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 liability for any refusal or omission to make all or any of the payments or for late payment or for any omiss	Bank accepts those directions without any responsibility or sion to follow such directions.
Name of Bank ASB BANK Branch Name of Account and Account Number Bank Branch Number Bank Branch Number Or credit card Details to appear on payee's Bank statement Particulars (max. 12 characters) CHILD'S SURNAME Code (max. 12 characters) CHILD'S FIRST NAM The Bank will use reasonable care and skill to give effect to the directions given to it in this authority. Where the directions given in this authority have been given by me/us for the purpose of a business, the liability for any refusal or omission to make all or any of the payments or for late payment or for any omiss The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment	Bank accepts those directions without any responsibility or sion to follow such directions. In the sum of the
Name of Bank ASB BANK Branch Name of Account and Account Number Bank Branch Number Bank Branch Number Or credit card Details to appear on payee's Bank statement Particulars (max. 12 characters) CHILD'S SURNAME Code (max. 12 characters) CHILD'S FIRST NAME Conditions 1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority. Where the directions given in this authority have been given by me/us for the purpose of a business, the liability for any refusal or omission to make all or any of the payments or for late payment or for any omiss The Bank accepts no responsibility or liability for the accuracy of the information contained in the paymer l/We undertake to advise the Bank immediately of any information about payments shown on bank states This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the payment or for any or hereafter subsisting between myself/ourselves and the payment or for any or hereafter subsisting between myself/ourselves and the payment or for any or hereafter subsisting between myself/ourselves and the payment or for any or hereafter subsisting between myself/ourselves and the payment or for any or hereafter subsisting between myself/ourselves and the payment or for any or hereafter subsisting between myself/ourselves and the payment or for any or hereafter subsisting between myself/ourselves and the payment or for any or hereafter subsisting between myself/ourselves and the payment or for any or hereafter subsisting between myself/ourselves and the payment or for any or hereafter subsisting between myself/ourselves and the payment or for any or hereafter subsisting between myself/ourselves and the payment or for any or hereafter subsisting between myself/ourselves and the payment or for any or hereafter subsisting between myself/ourselves and the payment or for any or hereafter subsisting between myself/ourselves and the payment or for any or hereafter subsisting between myself/ou	Bank accepts those directions without any responsibility or sion to follow such directions. It information fields on this authority. Bank in relation to my/our account.
Name of Bank ASB BANK Branch Name of Account and Account Number Bank Branch Number Bank Branch Number Or credit card Details to appear on payee's Bank statement Particulars (max. 12 characters) CHILD'S SURNAME Code (max. 12 characters) CHILD'S FIRST NAME Conditions 1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority. Where the directions given in this authority have been given by me/us for the purpose of a business, the liability for any refusal or omission to make all or any of the payments or for late payment or for any omiss The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment or late payments shown on bank states.	Bank accepts those directions without any responsibility or sion to follow such directions. It information fields on this authority. Bank in relation to my/our account.
Name of Bank ASB BANK Branch Name of Account and Account Number Bank Branch Number Bank Branch Number Or credit card Details to appear on payee's Bank statement Particulars (max. 12 characters) CHILD'S SURNAME Code (max. 12 characters) CHILD'S FIRST NAME The Bank will use reasonable care and skill to give effect to the directions given to it in this authority. Where the directions given in this authority have been given by me/us for the purpose of a business, the liability for any refusal or omission to make all or any of the payments or for late payment or for any omiss. The Bank accepts no responsibility or liability for the accuracy of the information contained in the paymer so. I/We undertake to advise the Bank immediately of any information about payments shown on bank stater. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Code in the payment by it of any in the Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any information the payment by it of any in the payment by it of any it of any in the payment by it of any it of any in the payment by it of any	Bank accepts those directions without any responsibility or sion to follow such directions. In information fields on this authority. Bank in relation to my/our account. The ments which is incorrect. The Bank in relation to my/our account. The months are a such ority or cheque.
Name of Account and Account Number Bank Branch Nume of Account and Account Number Or credit card Details to appear on payee's Bank statement Particulars (max. 12 characters) CHILD'S FIRST NAM Code (max. 12 characters) CHILD'S FIRST NAM Liability for any refusal or omission to make all or any of the payments or for the purpose of a business, the liability for any refusal or omission to make all or any of the payments or for late payment or for any omiss The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment LiWe undertake to advise the Bank immediately of any information about payments shown on bank stater LiWe undertake to advise the Bank immediately of any information about payments shown on bank stater This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the which I/we may now or hereafter give to the Bank or draw on my/our account. The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this author account. This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect	Bank accepts those directions without any responsibility or sion to follow such directions. It information fields on this authority. The Bank in relation to my/our account. It my/our account. It is pursuant to this or any other authority or cheque with the payments detailed above.
Name of Bank ASB BANK Branch Bank Branch Nu G L E N F I E L D I N T E R M E D 1 2 3 1 Or credit card Details to appear on payee's Bank statement Particulars (max. 12 characters) CHILD'S SURNAME Code (max. 12 characters) CHILD'S FIRST NAM I The Bank will use reasonable care and skill to give effect to the directions given to it in this authority. Where the directions given in this authority have been given by me/us for the purpose of a business, the liability for any refusal or omission to make all or any of the payments or for late payment or for any omiss The Bank accepts no responsibility or liability for the accuracy of the information contained in the paymer I/We undertake to advise the Bank immediately of any information about payments shown on bank stater This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the owner of the Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any which I/we may now or hereafter give to the Bank or draw on my/our account. The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this author account.	Bank accepts those directions without any responsibility or sion to follow such directions. It information fields on this authority. The Bank in relation to my/our account. It my monies pursuant to this or any other authority or cheque rity where there are insufficient funds available in my/our of the payments detailed above. In g my/our death or bankruptcy or any revocation of this
Name of Account and Account Number Sank	Bank accepts those directions without any responsibility or sion to follow such directions. It information fields on this authority. The Bank in relation to my/our account. It my monies pursuant to this or any other authority or cheque rity where there are insufficient funds available in my/our of the payments detailed above. In g my/our death or bankruptcy or any revocation of this
Name of Account and Account Number Sank	Bank accepts those directions without any responsibility or sion to follow such directions. It information fields on this authority. Bank in relation to my/our account. In y monies pursuant to this or any other authority or cheque rity where there are insufficient funds available in my/our of the payments detailed above. In my/our death or bankruptcy or any revocation of this sy/our account.
Name of Account and Account Number Sank	Bank accepts those directions without any responsibility or sion to follow such directions. In information fields on this authority. Ments which is incorrect. Me Bank in relation to my/our account. My monies pursuant to this or any other authority or cheque rity where there are insufficient funds available in my/our of the payments detailed above. Mg my/our death or bankruptcy or any revocation of this my/our account. My monies pursuant to this or any other authority or cheque rity where there are insufficient funds available in my/our of the payments detailed above. Mg my/our death or bankruptcy or any revocation of this my/our account. Bank Use Date received: / /
Name of Bank ASB BANK Branch Name of Account and Account Number Bank Branch Nu G L E N F I E L D I N T E R M E D 1 2 3 1 Or credit card Details to appear on payee's Bank statement Particulars (max. 12 characters) CHILD'S SURNAME 1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority. Where the directions given in this authority have been given by me/us for the purpose of a business, the liability for any refusal or omission to make all or any of the payments or for late payment or for any omiss The Bank accepts no responsibility or liability for the accuracy of the information contained in the paymer 1/We undertake to advise the Bank immediately of any information about payments shown on bank stater 1. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the 1. The Bank may in its absolute discretion conclusively determine the order or priority of payment by it of an which I/we may now or hereafter give to the Bank or draw on my/our account. The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority until notice of my/our death or bankruptcy or other revocation is received by the Bank. This authority will remain in force and effect in respect of all payments made in good faith notwithstandin authority until notice of my/our death or bankruptcy or other revocation is received by the Bank. All current Bank and Government charges for this service in force from time to time are to be debited to my 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 above.	Bank accepts those directions without any responsibility or sion to follow such directions. It information fields on this authority. Bank in relation to my/our account. In y monies pursuant to this or any other authority or cheque with the payments detailed above. If my/our death or bankruptcy or any revocation of this y/our account. Bank Use Date received: / / Recorded by: