

Authority for Automatic Payments

(Not to operate as an assignment or an agreement)

FOR BANK USE	A/P No	Type	Charge	Bank Int.
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non Std Com.	Bulk/G.A. Code	Freq. O'ride	
<input type="text"/>	<input type="text"/>	<input type="text"/>		

PAYER DETAILS To the Manager

* * * *	Name of Bank	IMPORTANT PLEASE TICK <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.
	Branch	
	Address	
	Name of Account	

Account details: On behalf of:
Name if other than payer:

Bank	Branch number	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details to appear on my/our bank statement.

Particulars	Code	Reference
D E L A S A L L E	<input type="text"/>	<input type="text"/>

FREQUENCY AND AMOUNT

First Payment Date	Last Payment Date.	OR	Until further notice
<input type="text"/>	<input type="text"/>		Tick: <input type="text"/>

Tick One Box	Weekly \$ <input type="text"/>	Fortnightly \$ <input type="text"/>	Monthly \$ <input type="text"/>
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Fixed Amount	Amount \$ <input type="text"/>	Amount in Words <input type="text"/>
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PAYEE DETAILS Pay to the credit of:

Name of Bank	Branch
ASB BANK	Papatoetoe
Name of account:	Account details
D E L A S A L L E	Bank Branch number Account number Suffix
	1 2 3 0 2 8 0 7 1 8 5 2 8 0 0

Details to appear on payee's bank statement

Particulars	Student Name	Reference
C O L L E G E D U E S	<input type="text"/>	<input type="text"/>

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 overleaf.

NAME OF ACCOUNT.....	Date: _____ / _____ / _____
SIGN HERE.....	_____ [Contact Phone No.]

* Please fill in each of the rows marked with an asterisk