

Authority for Automatic Payment

PAYER DETAILS	(Not to operate as an assignment or an agreement)
To the Manager	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.
Name of Bank	
Branch	
Address	
Name of Account	

ACCOUNT DETAILS				On behalf of: (Name if other than payer)
Bank	Branch Number	Account Number	Suffix	<input style="width: 100%;" type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Details to appear on my/our bank statement.				
Particulars (max. 12 characters)	Code (max. 12 characters)	Reference (max. 12 characters)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

FREQUENCY AND AMOUNT				
First Payment Date:/...../.....	Last payment Date:/...../.....	OR	Until Further Notice (tick) <input type="checkbox"/>	
Frequency: <input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Four Weekly	<input type="checkbox"/> Monthly	or Specify other period.....
Fixed Amount	Amount \$	Amount in Words		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Complete if applicable (one option only)				
Variable Amount (tick one)	Amount \$	Amount in Words		
First <input type="checkbox"/> Last <input type="checkbox"/>	<input type="text"/>	<input type="text"/>		

PAYEE DETAILS				
Pay to the credit of:				
Name of Bank	<input style="width: 100%;" type="text" value="THE NATIONAL BANK"/>	Branch	<input style="width: 100%;" type="text" value="MANUKAU CITY"/>	
Name of Account and Account Number	Bank	Branch Number	Account Number	Suffix
<input style="width: 100%;" type="text" value="VOICE OF ISLAM"/>	<input type="text" value="06"/>	<input type="text" value="0197"/>	<input type="text" value="0180729"/>	<input type="text" value="00"/>
Details to appear on payee's Bank statement:				
Particulars (max. 12 characters)	Code (max. 12 characters)	Reference (max. 12 characters)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

- 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 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 above.
 9. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any 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.

AUTHORISATION	BANK USE
1. Please make this automatic payment as detailed by debiting my/our account.	Date received:...../...../.....
2. I/We understand and accept that the Bank accepts this authority only on the conditions above.	Recorded by:
Name of Account (customer to complete)	Checked by:
Customer's Signature:	Contact Telephone No:.....
Customer's Signature:	Date:...../...../.....