

Account Collections (2013) Limited

PAYER DETAILS

To the Manager

Name of Bank	
Branch	
Address	✓
Name of account	

AUTHORITY FOR

AUTOMATIC PAYMENTS

(Not to operate as an assignment or agreement)

IMPORTANT PLEASE TICK This is a new authority OR 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	The Manager bank Please supply my Account number for this Automatic Payment Authority
<table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	

Details to appear on payer's bank statement This is your authority to do so
Please sign

Particulars	Code	Reference
<table border="1" style="display: inline-table; width: 250px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 250px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 250px; height: 20px;">Phone 0800 724366</table>

FREQUENCY AND AMOUNT

First payment date	Last Payment Date	OR	Until further notice	Tick: ✓
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Tick Box	<table border="1" style="display: inline-table; width: 80px; height: 20px;">Weekly</table>	<table border="1" style="display: inline-table; width: 80px; height: 20px;">Fortnightly</table>	<table border="1" style="display: inline-table; width: 80px; height: 20px;">Four weekly</table>	<table border="1" style="display: inline-table; width: 80px; height: 20px;">Monthly</table>	<table border="1" style="display: inline-table; width: 150px; height: 20px;">Specify Other period</table>
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Fixed Amount	Amount \$.00	Amount in words
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Complete if applicable (tick one box only)

Variable First Amount	Amount	Amount in words
Variable Last Amount	\$	

PAYEE DETAILS

For payment by cheque tick box and complete section on reverse (leave this section blank)

Pay to the credit of:

Name of bank Branch

WESTPAC

Hastings

Name of account

Account Details

Account Collections (2013) Limited

Bank Branch Account Number Suffix
03 0642 0859925 01

Details to appear on payee's bank statement:

Particulars	Code	Reference
Surname		CaseID

CONDITIONS

1. The bank will use reasonable care and skill to give effect to the directions given in this authority.
2. Where the direction 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 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 other revocation of this authority until the Bank receives notice of my/our death or bankruptcy.
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

1. Please make this automatic payment as detailed by debiting my/our account.
2. Name of account – customer to complete

(Customers signature)	(Contact phone no.)	(date)