

	<b>AUTHORITY FOR AUTOMATIC PAYMENTS</b>
To The Manager	
Name of Bank:	(Not to operate as an assignment or an agreement.)
Branch	<b>IMPORTANT PLEASE TICK</b>
Name of Account	<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.

**ACCOUNT DETAILS**

On behalf of:   
(Name if other than payer)

Bank/Branch/Account Number/Suffix

Details to appear on my/our Bank statement.

Particulars (max 12 characters)	Code (max 12 characters)	Reference (max 12 characters)
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

**FREQUENCY AND AMOUNT**

First Payment Date <input style="width: 100%;" type="text"/>	Last Payment Date <input style="width: 100%;" type="text"/>	or Until Further Notice (tick) <input type="checkbox"/>
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Frequency:  Weekly  Fortnightly  Monthly

Fixed Amount	Amount \$	Amount in Words
Complete if applicable (one option only)		
Variable Amount <input type="checkbox"/> First <input type="checkbox"/> Last (tick one)	Amount \$	Amount in Words

**PAYEE DETAILS**

Pay to the credit of:

Name of Bank <input style="width: 90%;" type="text"/> <b>Kiwibank</b>	Branch <input style="width: 90%;" type="text"/>
Name of Account <input style="width: 90%;" type="text"/> <b>Animal Protection Society</b>	Account Details (Bank/Branch/Account Number /Suffix) <input style="width: 90%;" type="text"/> <b>38 9005 0324267 00</b>

Details to appear on payee's Bank statement.

Particulars (max 12 characters)	Code (max 12 characters)	Reference (max 12 characters)
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" 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 form.
  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.

<b>AUTHORISATION</b>	<b>Bank use</b>
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 / /
Customer's Signature _____	Contact Telephone No. _____
Customer's Signature _____	Date / /

ALTERATION TO FIXED AMOUNT:  
Please alter the fixed amount of this transfer

As from / /	Fixed Amount \$	Amount in Words	Customer's Signature
As from / /	Fixed Amount \$	Amount in Words	Customer's Signature

FOR BANK USE ONLY

Date Received	Recorded By:	Checked By:
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BANK  
STAMP