

YOUR DETAILS

To The Manager
 Name of Bank _____
 Branch _____
 Name of Account _____

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

Bank Branch Account number Suffix

Name _____
 Address _____

Details to appear on my/our statement:

Particulars Code

FREQUENCY AND AMOUNT

First payment date / / Last payment date / / OR Until further notice (tick)

Tick box: Weekly Fortnightly 4 weekly Monthly Specify another period _____

Fixed Amount Amount: \$ Amount in words:

PAYEE DETAILS (Caritas office to fill out)

Bank: Westpac Branch: Molesworth Street
 Name of Account: Caritas Aotearoa NZ "One World" Account details: 03 0518 0211216 02
 Details to appear in CARITAS' Bank Statement:

Particulars Code Reference

CONDITIONS

- 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 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.
- The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this form.
- I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
- This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account
- 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.
- The Bank may in its absolute discretion refuse to make anyone or more payments pursuant to this authority where there are insufficient funds available in my/our account.
- 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.
- 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.
- All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

AUTHORISATION

Please make this automatic payment as detailed by debiting my/our account

Name of account _____ Sign here _____ Date _____ Contact phone no. _____