

AUTOMATIC PAYMENT AUTHORITY

PLEASE COMPLETE THIS FORM AND SEND TO OUTWARD BOUND.

<p>PAYER DETAILS</p> <p>Name of Bank</p> <p>Phone</p> <p>Branch</p> <p>Address</p> <p>Name/s of Account Holder/s.....</p>	<p>AUTHORITY FOR AUTOMATIC PAYMENTS (Not to operate as an assignment or an agreement)</p> <p style="text-align: center;">IMPORTANT PLEASE TICK</p> <p><input type="checkbox"/> This is a new authority</p> <p>OR</p> <p><input type="checkbox"/> As from / / (first payment date), this authority replaces existing authorities for \$ in favour of the same payee.</p>
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<p>ACCOUNT DETAILS</p> <p>On behalf of (NAME IF OTHER THAN PAYER) </p>			
Bank 	Branch Number 	Account Number 	Suffix
<p>Details to appear on my/our Bank Statement</p> <p>Particulars Code Reference </p>			

<p>FREQUENCY AND AMOUNT</p> <p>First Payment Date..... Last Payment Date..... OR <input type="checkbox"/> Until Further Notice</p>		
<p>TICK BOX <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Four Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>		
Fixed Amount	Amount \$.....	Amount in Words.....
Complete if applicable (TICK ONE BOX ONLY)		
Variable First Amount	<input type="checkbox"/> Amount \$.....	Amount in Words.....
Variable Last Amount	<input type="checkbox"/> Amount \$.....	Amount in Words.....

<p>PAYEE DETAILS</p> <p>Pay to the credit of:</p>	
Name of Bank NATIONAL BANK	Branch WELLINGTON COMMERCIAL
<p>Account Details</p> <p>Name of Account O U T W A R D B O U N D</p>	
Bank 0 6	Branch Number 0 5 0 1
Account Number 0 0 5 9 3 1 8	Suffix 0 0 4
<p>Details to appear on Outward Bound Bank Statement (OUTWARD BOUND TO COMPLETE)</p> <p>Particulars S U P P O R T E R Code Reference </p>	

<p>AUTHORISATION DETAILS</p> <p>1. Please make this automatic payment as detailed by debiting my/our account.</p> <p>2. I/We understand and accept that the Bank accepts this authority only on the conditions on the reverse of this form.</p>		
Name of Account (customer to complete)		
Customer's Signature	Contact Telephone Number	Date.....
Customer's Signature	Contact Telephone Number	Date.....

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 purposes 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 when 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.