Authority for automatic payments
Setting up your APs

bnz

Authority for automatic payments

Not to operate as an assignment or an agreement.

BANK USE ONLY:						
A/P No.	Type	Charge	Bank Int.	Non Std Com.	Bulk/G.A. Code	Freq. O'ride

Payer details

To the manager

Name of bank

Store/Branch

Address

Account name

Important please tick

○ This is a new authority, or
○ As from | D D M M Y Y (first payment date),

this authority replaces existing authorities for
$ _____ in favour of the same payee

Account details

Bank	Store	Account number	Suffix

On behalf of (Name if other than payer)

Details to appear on my/our bank statement

Particulars (max 12 characters)

Code (max 12 characters)

Reference (max 12 characters)

Frequency and amount

D D M M Y Y   D D M M Y Y   ○ or until further notice (tick)

First payment date   Last payment date

Frequency

○ Weekly   ○ Fortnightly   ○ Four weekly   ○ Monthly   ○ Other

Specify other period

Fixed amount

Amount $ ____   Amount in words ____

Variable amount

Complete if applicable (one option only)

○ Variable first amount

○ Variable last amount   Amount $ ____   Amount in words ____

Payee details

Pay to the credit of

Name of bank | BNZ

Store/Branch | BNZ Transactional Services - Wellington

Account name | Holy Trinity Parish

Bank	Store/Branch	Account number	Suffix
0 2	0 5 3 6	0 1 8 5 0 3 1	0 0

Details to appear on my/our bank statement

Particulars (max 12 characters)

Code (max 12 characters)

Reference (max 12 characters)

Authorisation

1. Please make this automatic payment as detailed by debiting my/our account.
2. I/We understand and accept that the Bank accepts this authority only on the conditions overleaf.

Customer to complete

Account name

Signature   Telephone | 0

Account name

Signature   Telephone | 0