

**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 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 where there are insufficient funds available in my/our account.
8. This authority may be terminated or reduced by the bank or payee without notice to me/us in respect of the payments detailed over.
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 other revocation of this authority until notice of my/our death, 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.

**For bank use only:**

Date received .....

Bank stamp:

Received by .....

Checked by .....

Fold completed form and return to:



Affix stamp here

Kaharoa Kokako Trust  
PO Box 78  
Ngongotaha 3041

# Automatic payment authority

## Your account details

Name of your bank

Branch

Town or city

Name of account

Important – tick one

This is a new automatic payment

As from

<input type="text"/>	<input type="text"/>	<input type="text"/>
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this automatic payment for \$

<input type="text"/>	<input type="text"/>
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Day Month Year

Bank account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank Branch Account number Suffix

On behalf

Description

Frequency

First payment date

Late payment date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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OR  until further notice (please tick)

Day Month Year Day Month Year

(Tick one)

Weekly

Fortnightly

Four-weekly

Monthly

Other period

Amount

Fixed amount

\$

Amount in words

Variable amount (tick one)

Variable first amount

Variable last amount

Complete if applicable

\$

Amount in words

Credit to:

KAHAROA KOKAKO TRUST

0 3	1 5 4 5	0 0 2 9 8 4 4	0 2 0
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Bank Branch Account number Suffix

Please enter your payment details here to ensure your payment is credited to the correct account.

K O K A K O N E S T E G G

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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IRD Number Tax Type Day Month Tax year

Specify the period end date you want this payment to be made for

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 set out over the page.

Name of account (customer to complete)

Signature

Contact phone number

Date

Signature

Contact phone number

Date