



To The Manager

**AUTHORITY FOR  
AUTOMATIC PAYMENTS**

Name of Bank

(Not to operate as an assignment or an agreement.)

Branch

**IMPORTANT PLEASE TICK**

Name of Account

- 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**

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)

**FREQUENCY AND AMOUNT**

First Payment Date

Last Payment Date

or

Until Further Notice (tick)

Frequency:

Weekly

Fortnightly

Monthly

Fixed Amount

Amount

\$

Amount in Words

Complete if applicable (one option only)

Variable Amount

Amount

\$

Amount in Words

First  Last (tick one)

**PAYEE DETAILS**

Pay to the credit of:

Name of Bank

**Westpac**

Branch

**Gisborne**

Name of Account

**Gisborne District Council**

Account Details (Bank/Branch/Account Number /Suffix)

**030638-0502288-00**

Details to appear on payee's Bank statement.

Particulars (max 12 characters)

Code (max 12 characters)

Reference (max 12 characters)

**RATES**

**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.

**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 above.
- Name of Account (customer to complete).....

**Bank use**

Date received : / /

Recorded by:

Checked by:

Customer's Signature

Contact Telephone No.

Date / /

Customer's Signature

Contact Telephone No.

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  
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