

Authority for automatic payments

Setting up your APs



(Donor to complete)

Authority for automatic payments
Not to operate as an assignment or an agreement.

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

Payer details (Donor)

To the manager

Name of bank	
Store/branch	
Address	
Account Name	

Important please tick

<input checked="" type="checkbox"/> This is a new authority or	this authority replaces existing authorities for
<input type="checkbox"/> As from	
<div></div> <div>(First payment date)</div>	<div>\$</div> <div>in favour of the same payee</div>

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)
B R E A M H E A D	D O N A T I O N	

Frequency and amount

<div></div> <div>First payment date</div>	<div></div> <div>Last payment date</div>	<input type="radio"/> or until further notice (tick)
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Frequency

<input type="radio"/> Amount	<input type="radio"/> Fortnightly	<input type="radio"/> Four weekly	<input checked="" type="radio"/> Monthly	<input type="radio"/> Other	<div></div> <div>Specify other period</div>
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Fixed amount

Amount \$	Amount in words

Variable amount

Complete if applicable (one option only)

<input type="radio"/> Variable first amount	Amount \$	Amount in words
<input type="radio"/> Variable last amount		

Payer details (Donee)

Pay to the credit of

Name of bank	ASB BANK	Store/Branch	WHANGAREI
Account name	BREAM HEAD CONSERVATION TRUST	Bank	Store
		Account number	Suffix
		1 2 3 1 1 5 0 1 2 0 2 6 8 0 0	

Details to appear on my/our bank statement*

*Name of Donor (Please put your name here, this is important for receipt purposes)

<div></div> <div>(max 12 characters)</div>	<div></div> <div>(max 12 characters)</div>	D O N A T I O N
		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

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 for any information about payments shown on bank statements which are 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 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 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.

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Payer details (Donor)

To the manager

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Address	
Account Name	

Important please tick

☒ This is a new authority
or
☐ As from

this authority replaces existing
authorities for

(First payment date)

\$
in favour of the same payee

Account details

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)

B | R | E | A | M | | H | E | A | D | |

Code (max 12 characters)

D | O | N | A | T | I | O | N | | | |

Reference (max 12 characters)

| | | | | | | | | | | |

Frequency and amount

<input type="text"/>	<input type="text"/>	<input type="radio"/>
First payment date	Last payment date	or until further notice (tick)

Frequency

☐ Amount ☐ Fortnightly ☐ Four weekly ☒ Monthly ☐ Other

Specify other period

Fixed amount

Amount \$ <input type="text"/>	Amount in words <input type="text"/>
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Variable amount

Complete if applicable (one option only)

☐ Variable first amount ☐ Variable last amount

Amount \$ <input type="text"/>	Amount in words <input type="text"/>
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Payer details (Donee)

Pay to the credit of

Name of bank	ASB BANK	Store/Branch	WHANGAREI
Account name	BREAM HEAD CONSERVATION TRUST	1 2 3 1 1 5 0 1 2 0 2 6 8 0 0	Bank Store Account number Suffix

Details to appear on my/our bank statement*

*Name of Donor (Please put your name here, this is important for receipt purposes)

<input type="text"/>	<input type="text"/>	D O N A T I O N
(max 12 characters)	(max 12 characters)	Reference (max 12 characters)

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