

Please ensure you fill in each box marked with an asterisk*

PAYER DETAILS

To the Manager

**AUTHORITY FOR
AUTOMATIC PAYMENTS**

(not to operate as an assignment or an agreement)

*	Name of Bank
*	Branch
*	Address
*	Name of Account

IMPORTANT PLEASE TICK

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: Bank Branch Number Account Number Suffix

On behalf of: Name if other than payer

*	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Details to appear on my/out bank statement.

Particulars	Code	Reference
*	<input type="text"/>	<input type="text"/>

FREQUENCY AND AMOUNT

*	First payment date: 20	Last payment date: 20	OR	Until further notice: Tick		
*	Tick Box	Weekly	Fortnightly	Four Weekly	Monthly	Specify other period
*	First amount	Amount \$	Amount in words			
Complete if applicable (tick one box only)						
*	Variable first amount	Amount \$	Amount in words			
	Variable last amount					

PAYEE DETAILS

Pay to the credit of:
Name of Bank:

For payment by cheque tick box and complete section on reverse (leave this section blank)

Branch:

WESTPAC

PAPANUI, CHRISTCHURCH

Name of account: **YOUTHTRAIN**

Account details: **030854 0697710 000**

Details to appear on payee's bank statement

Particulars	Code	Reference
TEAM SUPPORT	<input type="text"/>	<input type="text"/>

AUTHORISATION

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

Name of account – customer to complete

* PLEASE TURN OVER

* _____ / / _____ / / _____ / /
(Customer's signature) (Contact phone no.) (Date) (Customer's signature) (Contact phone no.) (Date)

