Authority for Automatic Payment

Please fill out boxes with an Asterix (*)

Payer Details *To the Manager*

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

Not to operate as an assignment or an agreement

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

Account Details

Bank | Branch | Account Number | Suffix

On Behalf of: (name if other than payer)

Details to appear on my/our Bank statement.

Particulars (maximum 12 characters): Gilrose | Code | Reference

Frequency and Amount * **Day do you want Payment to be made?** Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐

First Payment Date ___ /___/_____ Last Payment Date ___ /___/_____ **or** Until Further Notice ☐

Frequency:

Fixed Amount: **Amount in words:**

Variable Last Amount: **Amount in words:**

Payee Details Pay to the credit of:

Name of Bank: **ASB Bank Ltd** Branch: **P O Box 35-063, Browns Bay, Auckland**

Name of Account **Gilrose Finance Company Limited**

Account Number **12-3059-0349497-57**

Details to appear on payee's Bank statement:

Particulars (maximum 12 characters) | Code | Reference

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 the payee without notice to me/us in respect of the payments detailed below.
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

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 On Account** (Customer to Complete) _____ Date

* Customer's Signature_____ Contact Phone Number_____ ___ /___/_____

* Customer's Signature_____ Contact Phone Number_____ ___ /___/_____

Have you completed all boxes with an Asterix? (please tick)

Bank Use Recorded By : _____

Date Received: ___ /___/_____ Checked By: _____ Bank Stamp