

Automatic payment authority

Kiwibank Limited, Private Bag 39888, Wellington 5045

Please print all details clearly using a black or blue pen, so we can easily action your request.

1. Important – please tick ONE only	
Please set up a new authority, or On and from DDDMMM YYYYY (first payment date) replace the existing authority for \$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Cancel an existing autom	atic payment. If you're using this option, please complete only the details marked with an asterisk (*).
2. Payer details	
Name of your bank	
Name and account number to be debited:	
Name of account	
*Bank account number	Bank Branch Account number Suffix
Details to appear on your bar	
Your particulars	Your code Your reference
3. Frequency and amo	unt
First payment date	M M Y Y Y Y Y A *Last payment date D D M M Y Y Y Y Y Or Until further notice (tick)
Frequency of payment We	eekly Fortnightly Monthly Other
*Fixed amount \$	
Amount in words	
If the first or last payment wil	l be a different amount, please tick the appropriate box and enter the amount:
Variable amount (if applicabl	e) Variable first amount Variable last amount Variable amount \$\ \ \ \ \ \ \
Amount in words	
4. Payee details	
Name of their bank	Kiwibank
*Name of account	Feeding Rotorua
Bank account number	$oxed{3 \mid 8 \mid 9 \mid 0 \mid 2 \mid 2 \mid 0 \mid 3 \mid 5 \mid 5 \mid 4 \mid 0 \mid 1 \mid 0 \mid 0}$
Bank Branch Account number Suffix Description of payment to appear on their bank statement:	
Their particulars	Their code Their reference
	D o n a t i o n
5. From the payer to [insert name of payer's bank] (my bank)	
I authorise you to make automatic payments to the payee by withdrawing funds from my/our account. Where there is not enough money in my/our account to make the requested automatic payment, I/we acknowledge that the bank may still honour the payment or try again before dishonouring the payment. Please refer to your terms and conditions for details of any fees that may apply.	
I agree that this authority is su	bject to the terms and conditions that relate to my account.
*Customer signature	D D M M M Y Y Y Y Y Contact phone number ()
*Customer signature	D D M M M Y Y Y Y Contact phone number ()
Admin use only	
Date received: D D M I	M
Recorded by:	
Checked by:	