Archdiocese of Wellington

Automatic payment authority

1 Important - please tick ONE only

Please print your details clearly in CAPITAL letters, using a pen

☐ Set up a new automatic payment or,

☐ Change an existing authority for $ ☐☐☐.☐☐ in favour of the same payee, as from ☐☐ (Day) ☐☐ (Month) 2 0 ☐☐ (Year) (first payment date) or,

☐ Cancel an existing automatic payment. If you're using this option, please complete only the details marked with an asterisk (*).

2 Payer account details – pay from this account

Name of your bank ☐☐☐☐☐☐☐☐ Branch ☐☐☐☐☐☐☐☐

Name of account ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

On behalf of (name if other than you) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*Bank account number ☐☐ (Bank) ☐☐☐☐ (Branch) ☐☐☐☐☐☐☐ (Account number) ☐☐☐ (Suffix)

Details to appear on my bank statement

Your particulars (if required) ☐☐☐☐☐☐☐☐☐☐☐☐ Your reference (if required) ☐☐☐☐☐☐☐☐☐☐☐☐

Your code (if required) ☐☐☐☐☐☐☐☐☐☐☐☐

3 Frequency and amount – if replacing an existing authority only enter details to be changed

First payment date ☐☐ (Day) ☐☐ (Month) 2 0 ☐☐ (Year) Last payment date* ☐☐ (Day) ☐☐ (Month) 2 0 ☐☐ (Year) or until further notice ☐ (tick)

Frequency of payment weekly ☐ fortnightly ☐ four weekly ☐ monthly ☐ two monthly ☐ quarterly ☐ half yearly ☐ yearly ☐

*Fixed amount $ ☐☐☐☐☐☐.☐☐

Amount in words ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Variable amount (tick one) Complete if applicable Variable first amount ☐ Variable last amount ☐ Variable amount $ ☐☐☐☐☐☐.☐☐

Amount in words ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

4 Payee details – pay to the credit of

Name of bank WESTPAC ☐ Branch MOLESWORTH ☐ ST ☐

*Name of account ATTENDANCE ☐ DUE ☐ COLLECTION ☐

Bank account number 03 (Bank) 0518 (Branch) 0000400 (Account number) 00 (Suffix)

Description of payment to appear on their bank statement

Your particulars (if required) ☐☐☐☐☐☐☐☐☐☐☐☐ Your reference (if required) ☐☐☐☐☐☐☐☐☐☐☐☐

Your code (if required) ☐☐☐☐☐☐☐☐☐☐☐☐

5 Terms and conditions

- the Bank will use reasonable care and skill to give effect to the directions given to it in this authority
- 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
- the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority
- I/we will advise the Bank immediately of any information shown on bank statements which is incorrect
- this authority is subject to any arrangement existing now or in the future between myself/ourselves and the Bank in relation to my/our account
- the Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any money in accordance with this or any other authority or cheque which I/we may now or in the future give to the Bank or draw on my/our account
- the Bank may in its absolute discretion refuse to make any one or more payments in accordance with this authority where there are insufficient funds available in my/our account
- 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
- this authority will remain in force for all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this authority until notice or my/our death or bankruptcy or other revocation is received by the Bank
- all current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

6 Authorisation

Name of account ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*Your signature ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Day) ☐☐ (Month) 2 0 ☐☐ (Year)

Contact phone number ☐☐☐ (STD/Cell) ☐☐☐☐☐☐☐ Daytime

Joint signature ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Day) ☐☐ (Month) 2 0 ☐☐ (Year)

Contact phone number ☐☐☐ (STD/Cell) ☐☐☐☐☐☐☐ Daytime

Bank use only

Customer's Signature verified ☐ (tick)

AP authority number ☐☐☐☐☐☐☐☐☐☐☐☐

Date received stamp ☐☐☐☐☐☐

FM3004 NOV 04

PLEASE COMPLETE IN FULL AND TAKE TO YOUR BANK