

Automatic payment authority



info@lifestylemoney.co.nz
2 Reg Savory Place, East Tamaki
PO Box 58349, Botany
Auckland 2163, New Zealand

Important – Please Tick

- This is a new authority, or
- On and from ___/___/___ (first payment) this authority replaces the existing authority for \$_____ in favour of the same payee

Payer details

Name of bank

Name and account number to be debited:

Name of account

Bank/Branch

Account number

Suffix

Details to appear on my/our bank statement:

Particulars

Code

Reference

Frequency and amount

First payment date: ___/___/___ Last payment date: ___/___/___ or until I revoke the authority (tick)

Frequency: (tick one)

Weekly Fortnightly Monthly Other:

Amount of automatic payment:

Amount: \$ Amount in words:

If the first or last payment will be a different amount, please tick the appropriate box and enter the amount:

Variable amount: (tick one) First last

Amount: \$ Amount in words:

Payee details

Pay:

Name of bank

Name of account

Bank/Branch

Account number

Suffix

Details to appear on payee's statement:

Particulars

Code

Reference

From the payer to *[insert name of payer's bank]* (my bank):

I authorise you to make automatic payments to the payee.

I agree that this authority is subject to the bank's terms and conditions that relate to my account.

Customer's signature _____ Date: ___/___/___ Contact telephone no _____

Customer's signature _____ Date: ___/___/___ Contact telephone no _____

Admin use only

Date received: Recorded by: Checked by: