

CONDITIONS

1. The Bank will use reasonable care and skill to give effect to the directions given 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 payments or for any omission to follow such directions.
3. The bank accepts no responsibility or liability for 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 arrangements 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 over.
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 other 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 are to be debited to my/our account.

GUIDE

Automatic Payment Authority

ASB

(Not to operate as an assignment or an agreement)

If you need help to fill in this form there is a guide on the back*Fill in your Account No.***The Manager**
ASB Bank Limited*Statement account only*

1 2 3 0 1 2 0 8 6 5 4 3 2 0 0

Branch where my/our account is held **Newton**

Dear Sir,

Please start this Automatic Payment by debiting my/our account. Details are:

☒ New Payment☐ Change existing payment number to the same account holder*Bank staff will fill this in for you.*Amount \$ **69.00***This is the date we will make the first or changed payment.*Start/Change date **07 07 2006**
Day Month YearFrequency **Weekly***This tells us how often you want us to make the payment, it could be weekly, fortnightly, monthly, 4 weekly, yearly, etc.*Pay to (name) **G. B. Adams**Pay to (account no.) **1 2 3 0 2 1 0 7 6 5 4 3 2 5 0***If you have been told the final date and amount complete these boxes and we will take care of it for you.*

Until:

☐ Further notice

or

☒ a final payment amount of \$ **69.56** on **1 2 07 2006**
Day Month YearInformation to appear on **their** Statement:Particulars **D. L. Smith**Code Reference Information to appear on **my** Statement:Particulars **Rental**Code Reference **CONDITIONS:**

I/We understand and accept that the Bank accepts this authority only upon the conditions on the reverse of this authority.

Name of Personal Account: ☒ Mr/Ms/Miss/Ms **D.L.SMITH**

OR

Name of Business Account: *Any of our Bank Officers will be happy to explain anything in the "Conditions" clause.*

Customer's Signature

DLSmith

Contact Phone Number

543 9876

Customer's Signature

Contact Phone Number

Date

01 01 2006
Day Month Year

Date

Day Month Year**BANK USE ONLY**

Form Accepted by

Signature Verified by

Details Alt/Loaded by

Checked to DBR of

(Signature)

(Personnel No.)

DATE
STAMP