



Automatic payment authority

Swiftnet, P.O Box 847 Hastings, Hawkes Bay 06 8703220

IMPORTANT PLEASE TICK

- This is a new authority, OR
- As from _____ (first payment date), this authority replaces existing authorities for \$_____ in favour for the same payee.

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 Suffi x

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 Last payment date* or until further notice (tick)

Day Month Year Day Month Year

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 Branch

*Name of account

Bank account number

Bank Branch Account number Suffi x

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 by me in this authority.
- Where I/we have given the directions in this authority for the purpose of a business, the bank accepts those directions without any responsibility or liability for: (a) any refusal or omission to make all or any of the payments; or (b) late payment; or (c) any omission to follow those directions.
- The bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields of this authority.
- I/We must advise the bank immediately of any incorrect information about payments that are shown on bank statements.
- This authority is subject to any current or future arrangement between Kiwibank and me/us in relation to my/our bank account.
- The bank may conclusively determine the order or priority of payment by me/us of any money under this or any other authority or cheque I/we give the bank or draw on my/our account.
- The bank may refuse to pay under this authority where there are or maybe insufficient cleared funds available in my/our account.
- the payee may, without notice to me/us terminate or reduce this authority in respect of the payments detailed in it.
- This authority will remain in force, despite my/our death or bankruptcy or any other revocation of this authority, for all payments made in good faith before the bank receive notice of my/our death or bankruptcy or of the revocation.
- All the banks, or the Government's charges, for this service are to be debited from my/our account.

6 Authorisation

Please make this automatic payment as detailed by withdrawing funds from my/our account. I/We have been provided with, understand and accept Kiwibank's General Terms and Conditions and the terms and conditions listed above.

Name of account

*Your signature

Day Month Year

Contact phone number Daytime

STD/Cell

Joint signature

Day Month Year

Contact phone number Daytime

STD/Cell

Customer's Signature verified (tick)

AP authority number

Date received stamp