

### PAYER DETAILS (Customer to complete)

To the Manager

Name of Bank \_\_\_\_\_

Branch \_\_\_\_\_

Address \_\_\_\_\_

Name of Account \_\_\_\_\_

#### IMPORTANT PLEASE TICK

☐ This is a new authority.

OR

☐ As from \_\_\_\_\_ (first payment date), this authority replaces existing authorities for \$ \_\_\_\_\_ in favour of the same payee.

#### Account details:

Bank	Branch Number	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### On behalf of:

Name if other than payer

<input type="text"/>
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#### Details to appear on my/our bank statement.

Particulars (Company)

F	i	n	a	n	c	e	N	o	w
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Code

<input type="text"/>
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Reference (Finance Now account number)

<input type="text"/>
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#### FREQUENCY AND AMOUNT

First Payment Date

/ /

Last Payment Date

/ /

OR

Until further notice - tick ☐

Tick Box

☐ Weekly

☐ Fortnightly

☐ Monthly

☐ Specify other period

\_\_\_\_\_

Fixed Amount:	Amount \$	Amount in Words
<input type="text"/>	<input type="text"/>	<input type="text"/>

Complete if applicable (tick one box only)

Variable First Amount ☐

Variable Last Amount ☐

Amount \$

Amount in Words

### PAYEE DETAILS (FNL to complete)

Pay to the credit of:

Name of Bank

Westpac Trust
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Branch

Invercargill
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#### Name of account:

F	i	n	a	n	c	e	N	o	w
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#### Account details:

Bank	Branch Number	Account Number	Suffix
030931	0358991	00	

#### Details to appear on payee's bank statement.

Particulars (Company)

<input type="text"/>
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Code

<input type="text"/>
----------------------

Reference (Finance Now account number)

<input type="text"/>
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Staple

PLEASE ATTACH BLANK, ENCODED DEPOSIT SLIP FOR VERIFICATION OF YOUR ACCOUNT DETAILS HERE.

#### Authorisation

- Please make this automatic payment as detailed by debiting my/our account.
- I/We understand and accept that the Bank accepts this authority only on the conditions overleaf.

Name of Account (customer to complete) \_\_\_\_\_

Customer's Signature \_\_\_\_\_ Daytime Ph No \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Customer's Signature \_\_\_\_\_ Daytime Ph No \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

IF YOU HAVE ANY QUESTIONS CONTACT FINANCE NOW ON 0800 40 50 70

Please turn over.

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CONDITIONS:

1. The Bank will use reasonable care and skill to give effect to the directions given to it 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 payment or for any omission to follow such instructions.
3. The bank accepts no responsibility or liability for the 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 arrangement 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 at its absolute discretion may 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.

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FOR BANK USE ONLY

Date Received	Recorded By:	Checked By:

Bank Stamp

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