## **Automatic payment form**



	Authority for automatic payments Not to operate as an assignment or an agreement.)
Name of your bank	
<b>'</b>	mportant please tick
Your branch	This is a new authority, or
	As from (first authority date) this authority replace
Contact number	authorities for \$
	in favour of the same payee.
Your account details Details of the bank account from which you want to donate Scripture	Union
Name of account on behalf of (name if other than pa	
On soliding in the control of the co	7
Bank account number	_
Bank Branch Account number Suffix	
Information to appear on my/our bank statement  S C R I P T U N I O N	
	O   O   N   A   T   I   O   N
Frequency and amount	
First payment date OR until further notice	
Choose ONE Weekly Fortnightly Four weekly Monthly Specify other period	
Fixed amount \$ Amount in words	
Payee details	
Pay to the credit of BNZ Branch 50 Manners St Name of account	Scripture Union in NZ
Bank account number 0 2 0 5 6 0 0 0 3 6 2 0 4 0 0 3	
Bank Branch Account number Suffix	
Information to appear on Scripture Union's bank statement	
Payer particulars Payer code Payer reference	
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 below	
Name of Account (customer to complete)	Date
Authorised signature	
Authorised signature	
Conditions of this authority	
1. The bank will use reasonable care and skill to give effect to the directions given to it by this authority.	Bank use only
2. Where the directions given in this authority have been given by me/us for the purposes of a business, the bank accepts thos directions without responsibility or liability for any refusal or omission to make payment or for any omission to follow such directions.	Date received
3. The bank accepts no resonsibility/liability for the accuracy of the information contained in the payment information fields or 4. I/ We undertake to advise the bank immediately of any information about payments shown on bank statements which is incompared to the contract of the cont	n this authority.
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 of priority of payment by it of any monies pursuant	Checked by————————————————————————————————————
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.	e Bank stamp

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.
9. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or

10. All current bank and Government charges for this service in force from time to time are to be debited to my/our accounts.

bankruptcy or any other revocation of this authority until notice or my/ our death or bankruptcy or other revocation is received by the bank.