

(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**

**The Manager**  
**ASB Bank Limited**

Statement account only

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Branch where my/our account is held

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

New Payment  
**or**  
 Change existing payment number  to the same account holder

Amount

Start/Change date   
Day Month Year

Frequency

Pay to (name)

Pay to (account no.)

Until:  Further notice  
**or**  
 a final payment amount of  on   
Day Month Year

**Information to appear on their Statement:**

Particulars	Code	Reference
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**Information to appear on my Statement:**

Particulars	Code	Reference
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**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:   
**OR**  
Name of Business Account:

Customer's Signature <input style="width: 210px; height: 50px;" type="text"/>	Contact Phone Number <input style="width: 190px; height: 25px;" type="text"/> Date <input style="width: 190px; height: 25px;" type="text"/> <small>Day Month Year</small>	Customer's Signature <input style="width: 210px; height: 50px;" type="text"/>	Contact Phone Number <input style="width: 190px; height: 25px;" type="text"/> Date <input style="width: 190px; height: 25px;" type="text"/> <small>Day Month Year</small>
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**BANK USE ONLY**

Form Accepted by	Signature Verified by	Details Alt/Loaded by	Checked to DBR of	/ / <div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;">DATE STAMP</div>
<hr style="border-top: 1px dotted black;"/>	<hr style="border-top: 1px dotted black;"/>	<hr style="border-top: 1px dotted black;"/>	<hr style="border-top: 1px dotted black;"/>	
(Signature)				
<hr style="border-top: 1px dotted black;"/>	<hr style="border-top: 1px dotted black;"/>	<hr style="border-top: 1px dotted black;"/>	<hr style="border-top: 1px dotted black;"/>	
(Personnel No.)				

# 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**

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**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

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

*If you need to change any details to an existing payment, tick this box and then complete only the details that have changed.*

New Payment  
or  
 Change existing payment number   to the same account holder

*Bank staff will fill this in for you.*

Amount \$

*This is the date we will make the first or changed payment.*

Start/Change date   
Day Month Year

Frequency

*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)

Pay to (account no.)

*Tell us the name of the person, or the company, who will be getting the money, and what their account number is. If you need to, you can use the shaded boxes.*

*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 \$  on   
Day Month Year

*This information will tell the person getting the money, who it came from. Some companies prefer a reference number and you should check with them first.*

Information to appear on **their** Statement:  
Particulars  Code  Reference

Information to appear on **my** Statement:  
Particulars  Code  Reference

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

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

*This information will help you remember where the payment went when you get your statement.*

Name of Personal Account:  Mr/Ms/Miss/Ms  D.L.SMITH  
OR  
Name of Business Account:

Customer's Signature  Contact Phone Number   
Date   
Day Month Year

*Don't forget to sign the form, and if you can, give us a phone number where we can call you during the day, if we need to discuss this form with you.*

**BANK USE ONLY**  
Form Accepted by  Signature Verified by  Details Alt/Loaded by  Checked to DBR of   
(Signature)  DATE STAMP   
(Personnel No.)