



FOR BANK USE	A/P No.	Type	Charge	Bank Int.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Non Std Com.	Bulk/G.A. Code	Freq. O'ride	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PAYER DETAILS

To the Manager

Name of Bank

Branch

Address

Name of Account

AUTHORITY FOR AUTOMATIC PAYMENTS

(Not to operate as an assignment or an agreement)

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: _____ On behalf of: _____ Name if other than payer: _____

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

Details to appear on my/our bank statement.

Particulars	Code	Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FREQUENCY AND AMOUNT

First Payment Date _____ Last Payment Date _____ OR _____ Until further notice

Tick: _____

Tick Box: Weekly Fortnightly Four Weekly Monthly Specify other period _____

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

Complete if applicable (tick one box only)

Variable First Amount	Amount \$	Amount in Words
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable Last Amount		
<input type="checkbox"/>		

PAYEE DETAILS

Pay to the credit of: Kumeu Baptist Church

Name of Bank: Bank of New Zealand

For payment by cheque tick box and complete section on reverse (leave this section blank)

Branch: Kumeu

Name of account: _____

Bank	Branch number	Account Number	Suffix
<u>KUMEU</u>	<u>BAPTIST</u>	<u>CHURCH</u>	<u>00</u>
<u>020139</u>	<u>0042707</u>		

Details to appear on payee's bank statement.

* Particulars - INITIALS & SURNAME _____ Code: OFFERING Reference: _____

AUTHORISATION

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

Date: _____ / _____ / _____

NAME OF ACCOUNT

SIGN HERE

(Contact Phone No.)

PLEASE TURN OVER