

PAYER DETAILS	AUTHORITY FOR
To The Manager Name of Bank	AUTOMATIC PAYMENTS (Not to operate as an assignment or an agreement.)
	IMPORTANT PLEASE TICK
Branch	☐ This is a new authority, or
Name of Account	☐ 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	
Details to appear on my/our Bank statement.	
Particulars (max 12 characters) Code (max 12 characters)	Reference (max 12 characters)
FREQUENCY AND AMOUNT	
First Payment Date Last Payment Date Until Further Notice (tick) or	
Frequency: Monthly Amount Amount in Words	
Fixed Amount \$	
Complete if applicable (one option only) Variable Amount Amount Amount in Words	
□ First □ Last (tick one) \$	
PAYEE DETAILS	
Pay to the credit of: Coombe Smith (PN) Limited	
Name of Bank Branch Bank of New Zealand Palmerston North	
Painterston North	
Name of Account Account Number Suffix	
C O O M B E S M I T H P N L T D Details to appear on payee's Bank statement.	
Particulars (max 12 characters) Code (max 12 characters) Reference (max 12 characters)	
I decided (max 12 characters)	The control of the co
CONDITIONS	
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 directions.	
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the	e payment information fields on this authority.
I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which are incorrect.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 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.	
 This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed above. 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 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.	
AUTHORISATION	Bank use
1 , , , , , , , , , , , , , , , , , , ,	Date received : / / Recorded by:
	Checked by:
Customer's Contact Telephone No. Date / /	
Signature Editate relephone No.	