



PO Box 163083  
Lynfield  
Auckland 1443

# BANK

Please complete the sections in **RED** and return to Promise Keepers

## AUTOMATIC PAYMENT AUTHORITY

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My account number

To the Bank Manager

Bank and Branch (incl. address) where my/our account is held .....

Dear Sir/Madam

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

New Payment    OR    
  Change existing payment no.          to the same account holder

Amount

\$.

Start Date

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Frequency

Pay to

**PROMISE KEEPERS**

Account No.

1	2	3	0	8	2		0	1	0	5	2	5	5		0	4
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Until further notice    OR    
 a final payment of

\$ . on 
             

### Information to appear on Promise Keepers statement

(Particulars – Your surname & initials)

(Code)

(Reference)

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### Information to appear on my/our 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: Mr/Mrs/Miss/Ms: .....

**OR**

Name of Business Account: .....

Customer's Signature

Contact Ph No

Date

Customer's Signature

Contact Ph No

Date

### BANK USE ONLY

Form Accepted by      Signature Verified By      Details Alt/Loaded by      Checked to DBR of      .....

..... / ..... / .....

(Signature)

(Personnel No.)

**DATE  
STAMP**

## 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 payment 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.