

## Automatic payment authority

Kiwibank Limited, Private Bag 39888, Wellington 5045

Please print all details clearly using a black or blue pen, so we can easily action your request.

## 1. Important – please tick ONE only

	)	Please set up a new au	uthority,	or				
(	Ď	On and from D D	М М	YYYYY	(first payment date) replace the existing authority for	\$		
		in favour of the same	navee					

Cancel an existing automatic payment. If you're using this option, please complete only the details marked with an asterisk (\*).

## 2. Payer details

Name of your bank							
Name and account number to	be debited:						
Name of account							
*Bank account number	Bank     Branch     Account number     Suffix						
Details to appear on your bar Your particulars	nk statement: Your code Your reference						
3. Frequency and amo	unt						
First payment date	$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$						
Frequency of payment We	eekly 🔵 Fortnightly 🔵 Monthly 🔵 Other						
*Fixed amount \$	*Fixed amount						
Amount in words							
If the first or last payment will	l be a different amount, please tick the appropriate box and enter the amount:						
Variable amount (if applicable	e) 🕖 Variable first amount 💮 Variable last amount 🛛 Variable amount 💲 👘 👘 👘						
Amount in words							
4. Payee details							
Name of their bank							
*Name of account							
Bank account number							
Description of payment to an	Bank Branch Account number Suffix pear on their bank statement:						
Their particulars	Their code Their reference						
5. From the payer to [i	nsert name of payer's bank] (my bank)						
account to make the requested	atic payments to the payee by withdrawing funds from my/our account. Where there is not enough money in my/our d automatic payment, I/we acknowledge that the bank may still honour the payment or try again before dishonouring the terms and conditions for details of any fees that may apply.						
l agree that this authority is su	bject to the terms and conditions that relate to my account.						

-	
*Customer signature	D         M         M         Y         Y         Y         Y           Contact phone number (         )
*Customer signature	D         M         M         Y         Y         Y         Y           Contact phone number         (         )

## Admin use only

Date received:         D         M         M         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y <thy< th="">         Y         <thy< th=""> <t< th=""><th></th></t<></thy<></thy<>	
Recorded by:	
Checked by:	