

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**

(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

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:

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.)

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

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.

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)			
(Personnel No.)			

DATE STAMP