

PAYER DETAILS
To the Manager

.....
(insert name of Bank and Branch)

The Selwyn Foundation

**AUTHORITY FOR
AUTOMATIC PAYMENTS**
(Not to operate as an assignment or an agreement)

For Bank Use	A/P No.	Type	Charge	Bank Int
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non Std Com.	Bulk/G.A. Code	Freq. O'Ride	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date Received:	Recorded By:	Checked By:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

IMPORTANT PLEASE TICK

This is a new authority

As from (first payment date)
this authority replaces existing authorities for \$
in favour of the same payee.

Account Details

Bank	Branch No.	Account Number	Suffix	Name of Account
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details to appear on my/our Bank Statement.

Particulars	Code	Reference
S E L W Y N	D O N A T I O N	

Frequency and Amount
Please effect this Automatic Payment by debiting my/our account. Details are:

COMMENCING DATE: / / FREQUENCY:

AMOUNT: (For variable First and Last Amount see below)

When Amount is Constant	Amount \$	Amount in Words
	<input type="text"/>	<input type="text"/>

PAYEE DETAILS
Pay to the credit of:

Name of Bank	Branch
BNZ	NEW LYNN

Account Details
Name of Account:

S E L W Y N F O U N D A T I O N	Bank	Branch No.	Account Number	Suffix
	0 2 0 1 8 4		0 2 5 6 6 0 8	0 0 2

Details to appear on payee's Bank Statement.

Your name (surname and initial)	Reference	Reference
<input type="text"/>	D O N A T I O N	<input type="text"/>

CONDITIONS

- The Bank will endeavour to effect such automatic payments 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 any such instructions. Further, the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In any event this authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
- The Bank may in its absolute discretion conclusively determine the order of priority of payment by it of any moneys 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.
- The Bank may at any time terminate this order as to future payments by notice in writing to me/us—or without notice at any time after being advised in writing by the above named payer that no further payment is required.
- This order 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 order until notice of my/our death, bankruptcy or such revocation is received by the Bank.
- All current Bank and Government charges for this service in force from time to time are to be debited to my account.

AUTHORISATION	Date
1. Please make this automatic payment by debiting my/our account. 2. I/we understand and accept that the Bank accepts this authority only on the conditions above. / /

SIGNATURE
NAME (Please Print)	(Contact Phone Number)