



Authority for Automatic Payment

Thank you for your ongoing support. Please complete this form and post it to us at PO Box 6425 Dunedin.

PAYER DETAILS				AUTHORITY FOR AUTOMATIC PAYMENTS			
To the Manager				(Not to operate as an assignment or an agreement).			
Name of Bank				IMPORTANT – Please tick			
Branch				<input type="checkbox"/> This is a new authority, or			
Name of Account				<input type="checkbox"/> As from this authority replaces existing authorities for \$..... in our of the same payee.			
ACCOUNT DETAILS							
				On behalf of: <input style="width: 100%;" type="text"/>			
				(Name if other than payer)			
Bank	Branch Number	Account Number	Suffix				
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>				
Details to appear on my/our Bank statement.							
Particulars (max. 12 characters)			Code (max of 12 characters)			Reference (max 12 characters)	
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	
FREQUENCY AND AMOUNT							
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		OR		<input checked="" type="checkbox"/> Until Further Notice (tick)	
Frequency: MONTHLY							
Fixed Amount		\$25 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$100 <input type="checkbox"/>	\$..... other <input type="checkbox"/>		
PAYEE DETAILS							
Pay to the credit of: The National Bank of New Zealand				Account Number: 06 0901 0377788 00			
Name of Account: Orokonui Ecosanctuary Ltd.							
Details to appear on Orokonui's Bank statement							
Particulars (max 12 characters)			Code (max 12 characters)			Reference (max 12 characters)	
..... Your surname and first initial			4060			regular donor	
CONDITIONS							
<ol style="list-style-type: none"> 1. 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 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 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 of 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 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 above. 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 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			
<ol style="list-style-type: none"> 1. Please make this automatic payment as detailed by debiting my/our account. 2. I/We understand and accept that the Bank accepts this authority only on the conditions above. 				Date received: / / Recorded by: Checked by:			
Name of Account (customer to complete)							
Customer's Signature:		Contact Telephone No:		Date: / /			
Address:							
Customer's Signature:		Contact Telephone No:		Date / /			