

→ **IMPORTANT:** Please enter your Loaded for Christmas card number in the section below marked with * (otherwise your payment will not be processed).

Payer details (enter your account details here)

Name of your bank

Name of your account

Authority for automatic payments

IMPORTANT – PLEASE TICK

This is a new authority

OR

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

Your account details:

Bank Branch Account number Suffix

Details to appear on your bank statement:

Particulars Code
L O A D E D F O R C H R I S T M A S

Reference

Frequency and amount

Date of first payment:

D D M M Y Y Y Y

Until further notice

OR

Date of last payment:

D D M M Y Y Y Y

(Tick box)

Please tick one:

Weekly

Fortnightly

Four weekly

Monthly

Regular Amount (min \$5): \$

Amount in words:

Payee details (details of the account being paid into)

Pay to: Loaded for Christmas

Name of Bank: Kiwibank

Branch: Wellington

Account details:

Bank Branch Account number Suffix
3 8 9 0 0 6 0 1 9 9 2 2 6 0 0

You must enter the remaining 10 digits of your card number here

* Particulars

Code

4 6 7 8 8 4

Enter your last name here

Reference

Authorisation

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

Customer's signature:

Date:

Contact number:

Customer's signature:

Date:

Contact number:

Conditions

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 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 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.

For bank use only

Date received:	Recorded by:	Checked by:	Date stamp:
----------------	--------------	-------------	-------------