

Automatic Payment Authority

(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

The Manager
ASB Bank Limited

Statement account only

Grid for account details

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

Amount \$

Start/Change date Day Month Year

Frequency

Pay to (name) KAIAPOI BOROUGH SCH

Pay to (account no.) 123240 0096500 00

Until: Further notice

or

a final payment amount of \$ on Day Month Year

Information to appear on their Statement:

Grids for Particulars, Code, and Reference on their statement

Information to appear on my Statement:

Grids for Particulars, Code, and Reference on my statement

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/Mrs/Miss/Ms

OR

Name of Business Account:

Customer's Signature

Signature box

Contact Phone Number

Phone number box

Date

Date grid

Customer's Signature

Signature box

Contact Phone Number

Phone number box

Date

Date grid

BANK USE ONLY

Form Accepted by Signature Verified by Details Alt/Loaded by Checked to DBR of

(Signature)

(Personnel No.)

DATE STAMP