Authority for Automatic Payments

(Not to operate as an assignment or an agreement)

A/P No.	Type	Charge	Bank Int.

Non Std Com.	Bulk/G.A. Code	Freq. O'ride

PAYER DETAILS To the Manager

Name of Branch:	**IMPORTANT PLEASE TICK**
Branch:	☐ This is a new authority OR
Address:	☐ As from _____ (first payment date), this authority replaces existing authority for $_____in favour of the same payee.
Name of Account:	

Account details: On behalf of:
Name if other than payer:

Bank	Branch Number	Account Number	Suffix

Details to appear on my/our bank statement

Particulars	Code	Reference
Rent		

FREQUENCY AND AMOUNT

First Payment Date	Last Payment Date	OR	Until further notice Tick:

Tick Box	Weekly	Fortnightly	Four Weekly	Monthly	Specify other period

Fixed Amount	Amount $	Amount in Words

Complete if applicable (tick one box only)

		Amount $	Amount in Words
Variable First Amount			
Variable Last Amount			

PAYEE DETAILS Pay to the credit of:

Name of Bank	Branch
ASB Bank	**Albany**

Account details

Name of account	Bank	Branch	Account Number	Suffix
We Rent - CLIENT AC	**12**	**3136**	**02584340**	**050**

Details to appear on payee's bank statement

Particulars	Code	Reference
Your name	*tenant code*	RENT

AUTHORISATION

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 condition overleaf.

Date: _____ / _____ / _____

NAME OF ACCOUNT .....

SIGN HERE ....

_____
(Contact Phone No.)