

Automatic Easypay Form

**IMPORTANT
PLEASE TICK**

- This is a new Authority, OR
 As from (first payment date)
 This Authority replaces existing
 authorities for \$..... in favour of
 the same payee

To: The Bank Manager

Name of Bank: _____
 Branch: _____
 Postal Address: _____
 Town / City: _____

Bank Account Number which payments are to be made from:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank				Branch				Account Number				Suffix							

Information to appear on My/Our Bank Statement:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payers Particulars						Payer Code						Payer Reference							

Frequency and Amount

I/We would like to make Automatic Payments from my/our account: (Tick Box) <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly				First Payment Date / / Until Further Notice (Tick) <input type="checkbox"/> Or Last Payment Date / /			
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Amount: \$ _____ Amount in Words: _____

Payee Details - Pay to the credit of:

Name of Bank: **NATIONAL BANK** Branch: **665 COLOMBO STREET**
 Name of Account: **0800 HUNGRY MINISTRIES TRUST**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank				Branch				Account Number				Suffix							

Information to appear on payee's Bank Statement:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payee Code (Your Name)						Payee Reference						Payee Particulars							

- Conditions**
- The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
 - 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.
 - The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
 - I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
 - 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 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.
 - 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.
 - 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.
 - 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.
 - All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

- Please make this automatic payment as detailed by debiting my/our account.
- I/We understand and accept that the Bank accepts this authority on the conditions above.

Name of Account (Customer to complete): _____

Customer's Signature: _____ Contact Ph: _____ Date: / /

Customer's Signature: _____ Contact Ph: _____ Date: / /

FOR BANK USE ONLY

Retain Original at Branch

Date Received:
 _____ / _____ / _____

Recorded By:

Checked By:

**BANK
STAMP**