Authority for Automatic Payments

NGĀI TAHU WhaiRawa

You can make saving even easier. Just set and forget in two easy steps
1. Fill in the AP form making sure you include the member's surname and Whai Rawa number at Section 3 of the form
2. Take the completed form to your own bank or send it back to us. PO Box 13046, Christchurch 8141.

1. Your Details *To the Manager*

◯ This is a new authority; OR
◯ As from _____
(first payment date), this authority replaces existing authorities for $ _____ in favour of the same payee.

Name of Bank
Branch
Address
Name of Account

BANK ACCOUNT DETAILS
On behalf of (Name if other than payer)
Account

Details to appear on my/our Bank Statement
Particulars Code
Reference

2. Frequency and Amount

First Payment Date Last Payment Date or until further notice
Weekly ◯ Fortnightly ◯ Four Weekly ◯ Monthly ◯ Specify other period
Fixed Amount $ Fixed Amount in words
Variable Amount First ◯ Last ◯ Complete if applicable (tick one box only)
Amount $ Fixed Amount in words

3. Whai Rawa Details *Pay the credit of:*

Name of Bank ANZ Branch CNR QUEEN & VICTORIA STREETS, AUCKLAND
Account Name WHAI RAWA TRUST ACCOUNT
Account 0 1 0 1 0 2 0 8 5 7 3 9 8 0 0 0
Details to appear on Whai Rawa's bank statement. This information must be completed.
Your Whai Rawa Account Number Surname

4. 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 conditions below

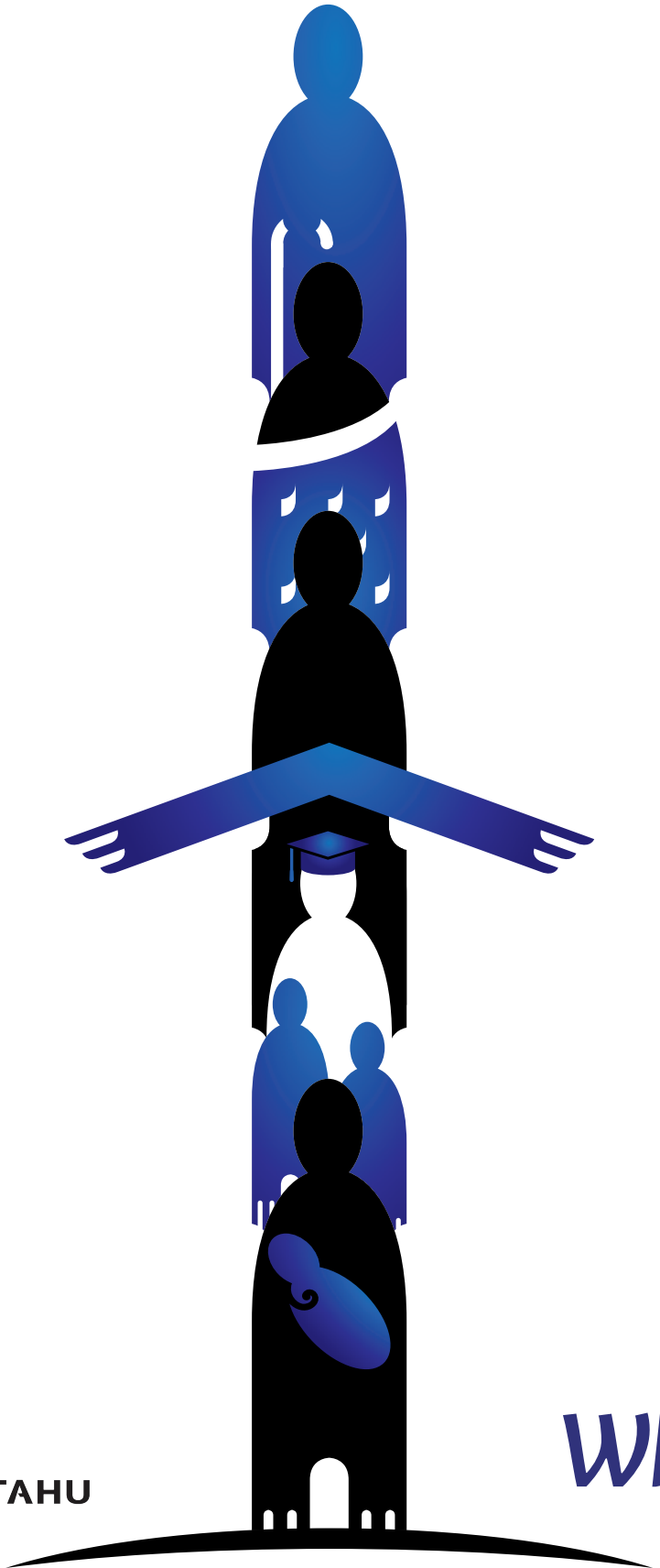
Name of Account
Sign Here
Date Contact phone no.

5. 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 has 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 over.
9. This order will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this authority until notice of my/our death, bankruptcy or other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time are to be debited to my/our account.

FOR BANK USE ONLY
Date Received Recorded by Checked by Sign
X Code Reason

"He ara Whai Rawa – a path to prosperity"



Te Rūnanga o NGĀI TAHU

Whai Rawa NGĀI TAHU