



## Authority for Automatic Payments

(Not to operate as an assignment or an agreement)

### A Payer Details

To the Manager  
Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Account \_\_\_\_\_

#### 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.

#### Account details:

Bank    Branch number    Account number    Suffix

On behalf of (name other than payer): \_\_\_\_\_

Details to appear on my/our statement: **ORPHANS AID INTERNATIONAL**

### B Frequency and amount

First payment date \_\_\_ / \_\_\_ / \_\_\_   Last payment \_\_\_ / \_\_\_ / \_\_\_   **OR**  
 Until further notice (please tick)  
Frequency (please tick)  Four weekly    Monthly    Specify other period \_\_\_\_\_  
Fixed amount: Amount \$ \_\_\_\_\_ Amount in words \_\_\_\_\_  
Complete if applicable (tick one box only):  
 Variable first amount    Variable last amount  
Amount \$ \_\_\_\_\_ Amount in words \_\_\_\_\_

### C Payee details

Pay to the credit of: **WESTPAC**   Branch: **INVERCARGILL**

Name of Account:   **ORPHANS AID INTERNATIONAL**

Account details:   **03 1750 0349476 00**

Details to appear on payee's bank statement: (please put your details below)

Particulars  
(Your surname & initials)

Code  
(Your phone number)

Reference  
(Project name, or 'Where needed most')

### D Authorisation

Please make this automatic payment as detailed by debiting my/our account.

Name of account (customer to complete): \_\_\_\_\_

Customers signature \_\_\_\_\_ Date   /   /

Customers signature \_\_\_\_\_ Date   /   /