



# AUTOMATIC PAYMENTS

## Authority for automatic payments

Not to operate as an assignment or an agreement.

BANK USE ONLY:

A/P No.	Type	Charge	Bank Int.	Non Std Com.	Bulk/G.A. Code	Freq. O'ride

## Payer details

To the manager

Name of bank

Branch

Address

Account name

Important please tick

- This is a new authority,  
or  
 As from

this authority replaces existing authorities for

D D M M Y Y

(first payment date)

\$

in favour of the same payee

## Account details

Bank	Branch	Account number	Suffix

On behalf of (Name if other than payer)

## Details to appear on my/our bank statement

Particulars (max 12 characters)	Code (max 12 characters)	Reference (max 12 characters)

## Frequency and amount

D D M M Y Y    D D M M Y Y     or until further notice (tick)

First payment date    Last payment date

## Frequency

Weekly     Fortnightly     Four weekly     Monthly     Other

Specify other period

## Fixed amount

Amount \$    Amount in words

## Variable amount

Complete if applicable (one option only)

Variable first amount

Variable last amount    Amount \$    Amount in words

## Payee details

Pay to the credit of

Name of bank	Branch			
ANZ	HAMILTON			
Account name	Bank	Branch	Account number	Suffix
GATEWAY CHURCH HAMILTON TRUST	0 6	0 1 0 3	0 8 0 8 8 0 3	0 0

## Details to appear on my/our bank statement

Particulars (max 12 characters)	Code (max 12 characters)	Reference (max 12 characters)
(YOUR NAME)	(YOUR GIVING NUMBER)	T I T H E

## Authorisation

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

## Customer to complete

Account name	Account name
Signature	Signature
Telephone	Telephone
D D M M Y Y	D D M M Y Y