Authorization for automatic payment to the Sustainability Council of New Zealand

Payer details (that's you)

To the Manager
(Name of your bank)

Branch

Address

Name of account

Important, please tick

❑ This is a new authority as from ..... /..... /..... (first payment date)

or

❑ As from ..... /..... /..... (first payment date), this authority ***replaces existing*** authorities for $ ..... in favour of the Sustainability Council of New Zealand.

Account details

Bank | Branch number | Account number | Suffix

☐☐ | ☐☐☐☐☐☐ | ☐☐☐☐☐☐☐☐ | ☐☐☐

Details to appear on **your** bank statement

Particulars | Code | Reference

Frequency and amount

Until further notice (tick) ☐ **or** First payment date ..... /..... /..... Last payment date ..... /..... /.....

Frequency: (tick) Fortnightly ☐ Four weekly ☐ Monthly ☐ Specify other period .....

Fixed amount: Amount $..... Amount in words .....

Variable amount:

First amount: Amount $..... Amount in words .....

Last amount: Amount $..... Amount in words .....

Payee details (that's the Sustainability Council)

Pay to the credit of
WestpacTrust, Lambton Quay

Sustainability Council of New Zealand **0 3 0 5 0 2 0 4 6 9 6 6 9 9 0**

Details to appear on the Sustainability Council's bank statement

Write in these boxes: your name(s) followed by the frequency of the payments

Authorization

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

Name of account (you to complete) .....

Your signature ..... Contact tel ..... Date ..... /..... /.....

Your signature ..... Contact tel ..... Date ..... /..... /.....

Please turn over ➤

Please complete this section if payments are to be made by bank cheque

Cheque payable to:

Please send cheque to this address:

Text to accompany payment should read:

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 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.
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 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 authority will remain in force and affect 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 or bankruptcy or other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time to time are debited to my/our account.

Alteration to regular amount

Please alter the regular amount of this automatic payment

As from	New regular payment amount	Amount in words	Customer's signature
/ /	$		
As from	New regular payment amount	Amount in words	Customer's signature
/ /	$		

For bank use only

Date received:	Received by:	Checked by:

BANK STAMP