

AUTHORITY FOR AUTOMATIC PAYMENTS (NEW ZEALAND ONLY)



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 <i>To the Manager</i>			
<input type="checkbox"/> THIS IS A NEW AUTHORITY; OR			
<input type="checkbox"/> AS FROM		FIRST PAYMENT DATE	
THIS AUTHORITY REPLACES EXISTING AUTHORITIES FOR \$ <input type="text"/> 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
2. FREQUENCY AND AMOUNT			
FIRST PAYMENT DATE	LAST PAYMENT DATE	<input type="checkbox"/> OR UNTIL FURTHER NOTICE	
<input type="checkbox"/> WEEKLY	<input type="checkbox"/> FORTNIGHTLY	<input type="checkbox"/> FOUR WEEKLY	<input type="checkbox"/> MONTHLY
<input type="text"/> SPECIFY OTHER PERIOD			
FIXED AMOUNT \$	FIXED AMOUNT IN WORDS		
VARIABLE AMOUNT	<input type="checkbox"/> FIRST	<input type="checkbox"/> LAST	COMPLETE IF APPLICABLE (TICK ONE BOX ONLY)
AMOUNT \$	FIXED AMOUNT IN WORDS		
<input type="text"/>			
3. WHAI RAWA FUND LIMITED DETAILS <i>Pay the credit of</i>			
NAME OF BANK	BRANCH	ACCOUNT NAME	ACCOUNT
ANZ	CNR QUEEN & VICTORIA STS, AUCKLAND	WHAI RAWA TRUST ACCOUNT	01 0102 0857398 000
DETAILS TO APPEAR ON WHAI RAWA'S BANK STATEMENT. THIS INFORMATION MUST BE COMPLETED.			
YOUR WHAI RAWA ACCOUNT NUMBER	SURNAME		
<input type="text"/>	<input type="text"/>		
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.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. CONDITIONS			
<ol style="list-style-type: none"> 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. 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	RECORDED BY	CHECKED BY	SIGN
DATE RECEIVED	<input type="text"/>	<input type="text"/>	<input type="text"/>
X CODE REASON	<input type="text"/>		