

PAYER DETAILS		AUTHORITY FOR AUTOMATIC PAYMENTS	
To The Manager		(Not to operate as an assignment or an agreement)	
Name of Bank		IMPORTANT PLEASE TICK	
Branch		<input type="checkbox"/> This is a new authority, or	
Name of Account		<input type="checkbox"/> As from    /    /    (first payment date), this authority replaces existing authorities for \$ in favour of the same payee.	
ACCOUNT DETAILS			
On behalf of:		<div></div> (Name if other than payer)	
Bank / Branch / Account Number / Suffix			
Details to appear on my / our Bank statement.			
Particulars (max 12 characters)		Code (max 12 characters)	
Reference (max 12 characters)			
FREQUENCY AND AMOUNT			
First Payment Date		Last Payment Date	
Frequency:		or    Until Further Notice (tick)	
Fixed Amount		Amount	
\$		Amount in Words	
Complete if applicable (one option only)			
Variable Amount (tick)		Amount	
First    Last		\$	
Amount in Words			
PAYEE DETAILS			
Pay to the credit of:		Important: Enter the 11 digit card number shown on the back of your Christmas Club card here	
Name of Bank		Branch	
Bank <b>BANK OF NEW ZEALAND</b>		PAPANUI	
Name of Account		Account Details (Bank / Branch / Account Number / Suffix)	
FOODSTUFFS SOUTH ISLAND CHRISTMAS CLUB LTD		02    0800    0784640    01	
Details to appear on payee's Bank Statement			
Particulars (max 12 characters)		Code (max 12 characters)	
Reference (max 12 characters)			
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 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 above. 9 This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my / our death or bankruptcy or any 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 to be debited to my / our account.			
AUTHORISATION		Bank Use	
1 Please make this automatic payment as detailed by debiting my / our account.		Date    /    /	
2 I / We understand and accept that the Bank accepts this authority only on the conditions above.		Recorded By:	
Name of Account (customer to complete)		Checked By:	
Customer's		Contact	
Signature		Telephone	
Date    /    /		No.	
Customer's		Contact	
Signature		Telephone	
Date    /    /		No.	