

Authority for Automatic Payments

(Not to operate as an assignment or an agreement)

FOR BANK USE	A/P No	Type	Charge	Bank Int.
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non Std Com.	Bulk/G.A. Code	Freq. O'ride	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

PAYER DETAILS To the Manager

X	Name of Bank
X	Branch
X	Address
X	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:

 On behalf of:
 Name if other than payer:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank	Branch number	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details to appear on my/our bank statement.

Particulars	Code	Reference
SKY TV	000	

FREQUENCY AND AMOUNT

X	First Payment Date	Last Payment Date	OR	Until further notice	Tick:
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X	Tick Box	Weekly	Fortnightly	Four Weekly	Monthly	Specify other period
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X	Fixed Amount	Amount \$	Amount in Words
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Complete if applicable (tick one box only)

Variable First Amount	Amount \$	Amount in Words
Variable Last Amount		

PAYEE DETAILS Pay to the credit of:

Name of Bank

BANK OF NEW ZEALAND

Branch

AUCKLAND

Name of account:

SKY NETWORK TV LTD

Account details

Bank	Branch number	Account number	Suffix
020100	0594491		05

Details to appear on payee's bank statement.

X	Particulars	Code	Reference
		000	SKY TV

AUTHORISATION

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

Date: _____ / _____ / _____

X NAME OF ACCOUNT

X SIGN HERE

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 over.
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 order 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 to time are to be debited to my/our account.

ALTERATION TO FIXED AMOUNT

Please alter the fixed amount of this transfer

As from / /	Fixed Amount \$	Amount in Words	Customer's Signature
As from / /	Fixed Amount \$	Amount in Words	Customer's Signature

FOR BANK USE ONLY

Date Received:	Recorded By:	Checked By:	X Code Reason Sign:
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BANK
STAMP