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| Date Received | Recorder By | Checked By |

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DATE:

Please effect this Automatic Payment by debiting my/our account. Details are:

# COMMENCING DATE FREQUENCY

Bulk GA Code Freq

Non Std Com

Charge Bank

13

Type

12

AP

11

FOR BANK USE

01 28

02 06

PLEDGER BANK ACCOUNT:

05

04

AMOUNT

03

Amount

Amount in Words

UNTIL FURTHER NOTICE

Name of Payee

# PAY TO:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| F | U | N | D | R | A | I | S | I | N | G |  | I | N | S | T | I | T | U | T | E OF NEW ZEALAND | N | S | T | I | T | U | T |
| Payee's Account Number | | | Bank | | | | Branch | | | | Payee Account No. | | | | | | Suffix | | | |

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CONDITIONS: I / We understand and accept that the Bank accepts this authority only upon the following conditions, namely:

1. The bank will endeavor to effect such automatic payments 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 any such instructions. Further, the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In any event this authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank

in relation to my/our account.

1. The bank 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.
2. The bank may at any time terminate this order as to future payments by notice to me/us - or without notice, at any time after being advised in writing by the above-named payee that no further payment is required.
3. This order will remain in full 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 such revocation is received by the Bank.
4. All current Bank charges for this service in force from time to time are to be added to the payment amount and debited to my/our account.

NOTE TO PAYER: Before completing this authority request from the Payee the information that he requires with each payment.

INFORMATION TO APPEAR IN PAYEES BANK STATEMENT OR ADVICE TO PAYEE: (if Bank cheque do not use "Payee Reference").

PAYEE PARTICULARS (Enter your Name)

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| K | I | T | T | Y |  | H | I | L | T | O | N |

PAYEE CODE

PAYEE REFERENCE

INFORMATION TO APPEAR IN MY/OUR BANK STATEMENT

25 PAYER PARTICULARS 26

**X**

Customer's signature

As from the above commencing date this authority replaces existing authority in favour of the same payee

This is a new authority

IMPORTANT: PLEASE INDICATE

PAYER CODE

PAYER REFERENCE

AUTHORITY FOR AUTOMATIC PAYMENTS

(Not to operate as an assignment or agreement)

NAME OF ACCOUNT:

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