

AUTOMATIC PAYMENT AUTHORITY

(Not to Operate as an assignment or an agreement)

Gurudwara Sri Guru Harkrishan Sahib
26D Portage Road, New Lynn, Auckland 0600

PAYER DETAILS:

To The Manager

Name of Bank	
Branch	
Bank Address	
Name of Account	
Account Number	

PAYEE DETAILS:

Pay to the credit of: **Name of Bank:** National Bank **Branch:** Blockhouse Bay, Auckland

Name of Account	S	R	I	G	U	R	U	H	A	R	K	R	I	S	H	A	N	S	A	H	I	B	C	H	A	R	I	T
Account Number	0	6	0	1	8	5	0	3	9	9	1	4	1	0	2													

PAYMENT DETAILS:

A New Authority \$ 13.00 Amount in words: (THIRTEEN DOLLARS ONLY) OR

An Alteration. This Authority replaces an existing payment for \$ in favour of the same payee.

Details to appear on my bank statement (Payer)

S	R	I	G	U	R	U	H	A	R	B	U	I	L	D	I	N	G	D	O	N	A	T	I	O	N
Particulars										Code								Reference							

Details to appear on their bank statement (Payee)

Particulars										Code								Reference										

Start/Change date

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Pay until (please tick appropriate box)

Further notice, OR

Final payment amount of \$ on

Frequency of payment (please tick appropriate box)

Weekly Fortnightly Monthly Quarterly Other _____ (please specify)

AUTHORISATION:

Please make this automatic payment as detailed by debiting my/our account.
I/We understand and accept that the Bank accepts this Authority only upon the conditions listed below.

Name of Account

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Customer's Signature(s)	Date	Daytime Contact Number
<u>x</u>	<u> </u>	<u>()</u>
<u>x</u>	<u> </u>	<u>()</u>

TERMS AND CONDITIONS:

- The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
- 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.
- The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
- I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
- This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
- 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.
- 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.
- 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.
- 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.
- All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

FOR BANK USE ONLY:

Date Received:	Recorded By:	Checked By:	Signature Verified By:	Bank Stamp
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