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# **PAYER DETAILS**

# **AUTHORITY FOR AUTOMATIC PAYMENTS**

To The Manager								
Name of Bank				(Not to	o operate as an IMPORTA	assignment ANT PLEA	or an ag SE TICK	greement)
Branch					This is a new a	authority		OR
Address					as from /	/ (1	irst pavment	t date) this
Name of Account					authority rep for \$	laces existin	ng author	rities
Account Details:  Bank Branch Account Nu	mber S	uffix						
Details to appear on my/our b				,				
Particulars  M O N E Y S H O P	L O A	N			T H A N	K Y O	U	
Frequency and Amount								
First Payment Date Last Pay	ment Date	Until Further	Notice Tick:	X				
Frequency – please tick which one a	applies:		TICK.					
WEEKLY	FORTNIGHT	ΓLY		MONTI	HLY			
Fixed Amount Amoun	t:	Amount in V	Words:					
Payee Details								
Pay to the Credit of: Name of Bank:		1	Branch:					
BNZ					MANUKAU (	CITY		
Name of Account:			Dl-		unt Details:	4 NT1		S65-
M O N E Y S H O P	G R O U	P L T	Bank  D		Number Accord 1 9 1	0 3 1	3 6	6 6 0 Suffix
Details to appear on payee's ba								
Particulars	Code				Refere	nce		
Authorisation				1				
<ol> <li>Please make this automatic payment as a</li> <li>I/We understand and accept that the Ban</li> <li>MoneyShop may lodge this Automatic I</li> <li>I acknowledge that there may be a \$5 so</li> </ol>	k accepts this authority ayment on my behalf	only on the cond						
Name of Account – Customer to complete								
							Please	Turn Over
(Customers Signature)	(Contact Phone No)	/ / (Date)	(Customer	c Signatu	re)	(Contact	Phone No	(Date)

## PAY BY BANK CHEQUE (Not applicable for PostBank)

Cheq	Cheque payable to:																				
Address to which cheque to be sent																					
Addre	ss to	which	chequ	e to b	e sen	t															
Additi	Additional Text for Overseas Payments:																				

#### CONDITIONS

- 1. The Bank will endeavour 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 sloth 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.
- 2. 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 account.
- 3. This authority may be terminated or reduced without notice to me/us in respect of the payment detailed over, by the Bank or the payee.
- 4. 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 such revocation is received by the Bank
- 5. All current Bank and Government Charges for this service in force from time to time are to be debited to my/our account.
- 6. I/we instruct the Bank to provide the Payee with our current address details held by the Bank if so requested in writing by the Payee

#### ALTERATION TO FIXED AMOUNT

Please alter the fixed amount of this transfer.

As From	Fixed Amount	Amount in Words	Customer's Signature	Date Received	Loaded By	Checked By
/ /	\$					
/ /	\$					
/ /	\$					

## SUSPENSION/RECOMMENCEMENT OF PAYMENT

(Complete this section if payments are to be suspended (not cancelled))

				FOR B	ANK	USE	ONLY	
Einst Davinsont	Daymant to					Reco	mmencemen	t
First Payment to be	Payment to Authorised Signature(s)		Recorded	Checked	Diarised		Actioned	Checked
Suspended	Recommence		Ву	Ву	For	Ву	Ву	Ву
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							
/ /	/ /							