Authority for Automatic Payments

Payer Details *To the Manager*

➔ Name of Bank

➔ Branch

➔ Address

➔ 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

	Bank	Branch	Account number	Suffix	On behalf of: *(name if other than payer)*
➔					

Details to appear on my/our Bank statement.

Particulars (maximum 12 characters)	Code	Reference
ORBITS IT SOLNS LTD		

Frequency and Amount

First payment date | Last payment date | Until further notice (tick)

OR

Frequency

Fixed Amount Amount in words

Variable Last Amount Amount in words

Payee Details Pay to the credit of:

Name of Bank **BNZ Bank** Branch **Auckland**

Name of Account **Orbits IT Solutions Ltd**

Account Number **02-0100-0190382-000**

Details to appear on payee's Bank Statement

Particulars (maximum 12 characters)	Code	Reference

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 purposes of a business, the Bank accepts those directions without any responsibility or liability for any refusal or 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 if 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 termintaed or reduced by the bank or payee without notice to me/us in respect of the payments detailed below.
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 other rrevocation 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

1. Please make this automatic payment as detailed by debiting my/our account.
2. I/We understand and accept that the Bank accepts this authority only on the conditions above.

➔ Name of Account (Customer to complete) _____ Date

➔ Customers Signature _____ Contact Phone No. _____ / /

➔ Customers Signature _____ Contact Phone No. _____ / /

Bank Use

Recorded by _____

Date received Checked by _____ Bank stamp