

Authority for Automatic Payments

Please sign and return this form to Fundraiser, Play 2 Learn, PO Box 76, Rolleston, Selwyn 7614.

Personal Details	
Title: Mr/Miss/Ms/Mrs* Other: First name:	Family name:
Address:	
Phone Day:Phone Evening:	Email:
	*Please delete as applicab
Payer Details To the manager	IMPORTANT – Please Tick
Name of Bank:	☐ This is a new authority, or
Branch:	☐ As from/ (first payment date), this authority replaces
Name of Account:	existing authorities for \$in favour of the same payee.
Account Details	
On behalf of (name if other than payer):	
Bank/Branch/Account Number/Suffix:	
Details to appear on my/our Bank statement:	
Particulars (max 12 characters) Code (max 12 ch	naracters) Reference (max 12 characters)
Frequency and Amount	
	Amount in words
First payment date:/ Until further r	notice □ (tick), or Last payment date:/
Frequency: Fortnightly Monthly	Other*: *Please specify
Payee Details	. Todas apacin,
Pay to the credit of: Bank of New Zealand Branch:	Rolleston Name of the Account: Play 2 Learn
Bank/Branch/Account Number/Suffix: 02 1266 0005989 000	Details for payee's Bank Statement:
any refusal or omission to make all or any of the payments or for late payment of the Bank accepts no responsibility or liability for the accuracy of the information live undertake to advise the Bank immediately of any information about payme This authority is subject to any arrangement now or hereafter subsisting betwee The Bank may in its absolute discretion conclusively determine the order or prio 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 payme This authority may be terminated or reduced by the Bank or the payee without roughly in the Bank or the payments made in a notice of my/our death or bankruptcy or other revocation is received by the Bank All current Bank and Government charges for this service in force from time to the service in the payments of the payments and the payments made in a notice of my/our death or bankruptcy or other revocation is received by the Bank and Government charges for this service in force from time to the payments are payments.	arpose of a business, the Bank accepts those directions without any responsibility or liability for or for any omission to follow such directions. a contained in the payment information fields on the authority. The shown on bank statements which is incorrect. The myself/ourselves and the Bank in relation to my/our account. The payment by it of any monies pursuant to this or any other authority or cheque which I/We write the payment to this authority where there are insufficient funds available in my/our account. The payments detailed above. The payments detailed above. The payments detailed above and for this authority until k.
Authorisation	
 Please make this automatic payment as detailed by deb I/We understand and accept that the Bank accepts this 	
Customer's signature:	Contact ph:Date://
Customer's signature:	Contact ph:Date:/
Bank Use	
Date received/ Recorded by	Checked by