



Authority for Automatic Payment

Please complete your details carefully in the purple sections below and **take direct to your bank.**

Payer Details	
Name of Bank:	
Branch:	
Address of Bank/Branch:	
Name of Account:	

Authority for Automatic Payments
Not to operate as an assignment or agreement.
IMPORTANT - Please Tick
<input type="radio"/> This is a new authority, or
<input type="radio"/> As from / / (first payment date), this authority replaces existing authorities for \$ _____ in favour of the same payee

Your Bank Account Details			
On behalf of (Name if other than payer)			
Bank	Branch Number	Account Number	Suffix
Details to appear on customer's bank statement			
Particulars (max 12 characters)	Code (max 12 characters)	Reference (max 12 characters)	

Frequency and Amount	
First Payment Date: / /	Last Payment Date: / / Or Until Further Notice: <input type="radio"/> (tick)
Frequency: Weekly <input type="radio"/> Fortnightly <input type="radio"/> Four Weekly <input type="radio"/> Monthly <input type="radio"/> Specify other period:	
Fixed Amount: Amount \$	Amount in words
Variable Amount: Complete if applicable (tick one)	
First <input type="radio"/> Last <input type="radio"/> Amount \$	Amount in words

Payee Details				
Pay to the credit of: TRUSTPOWER LIMITED				
Name of Bank: ANZ	Branch: AUCKLAND			
Name of Account	Bank	Branch Number	Account Number	Suffix
T R U S T P O W E R L T D	0 1	1 8 3 9	0 3 2 9 1 0 5	0 1
Details to appear on Trustpower's bank statement				
Particulars (customer name)	Code (Enter your Account Number from your Trustpower statement. Between 6 and 12 digits. Numeric only)	Reference (Enter your contact phone number without spaces, enter as many digits as space allows)		

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 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 for late payment or for any 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 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.
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 terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed above.
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 any revocation of this authority until notice of my/our death or bankruptcy or other revocation 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)		
Customer's Signature:	Contact Telephone No:	Date: / /
Customer's Signature:	Contact Telephone No:	Date: / /

Bank Use
Date Received: / /
Recorded By:
Checked By: