kiwi bank

Automatic payment authority

Kiwibank Limited, Private Bag 39888, Wellington

1 Important - please tick ONE only

Please print your details clearly in CAPITAL letters, using a pen

☐ Set up a new automatic payment or,

☐ Change an existing authority for $ ____.__ in favour of the same payee, as from __ __ (Day) __ __ (Month) 2 0 __ __ (Year) (first payment date) or,

☐ Cancel an existing automatic payment. If you're using this option, please complete only the details marked with an asterisk (*).

2 Payer account details – pay from this account

Name of your bank K I W I B A N K Branch K I W I B A N K

Name of account

On behalf of
(name if other than you)

*Bank account number 3 8 (Bank) 9 __ __ (Branch) 0 __ __ __ __ __ __ (Account number) __ __ __ (Suffix)

Details to appear on my bank statement

Your particulars (if required)

Your reference (if required)

Your code (if required)

3 Frequency and amount –if replacing an existing authority only enter details to be changed

First payment date __ __ (Day) __ __ (Month) 2 0 __ __ (Year)

Last payment date* __ __ (Day) __ __ (Month) 2 0 __ __ (Year) or until further notice ☐ (tick)

Frequency of payment weekly ☐ fortnightly ☐ four weekly ☐ monthly ☐ two monthly ☐ quarterly ☐ half yearly ☐ yearly ☐

*Fixed amount $ ____.__

Amount in words

Variable amount (tick one)
Complete if applicable
Variable first amount ☐ Variable last amount ☐ Variable amount $ ____.__

Amount in words

4 Payee details – pay to the credit of

Name of bank Branch

*Name of account

Bank account number __ __ (Bank) __ __ __ __ (Branch) 0 __ __ __ __ __ __ (Account number) __ __ (Suffix)

Description of payment to appear on their bank statement

Your particulars (if required) Surname

Your reference (if required) Mobile Phone

Your code (if required) Address

5 Terms and conditions

1. Kiwibank will use reasonable care and skill to give effect to the directions given by me in this authority.
2. Where I/we have given the directions in this authority for the purpose of a business, Kiwibank accepts those directions without any responsibility or liability for: (a) any refusal or omission to make all or any of the payments; or (b) late payment; or (c) any omission to follow those directions.
3. Kiwibank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields of this authority.
4. I/We must advise Kiwibank immediately of any incorrect information about payments that are shown on bank statements.
5. This authority is subject to any current or future arrangement between Kiwibank and me/us in relation to my/our bank account.
6. Kiwibank may conclusively determine the order or priority of payment by me/us of any money under this or any other authority or cheque I/we give Kiwibank or draw on my/our account.
7. Kiwibank may refuse to pay under this authority where there are or maybe insufficient cleared funds available in my/our account.
8. Kiwibank or the payee may, without notice to me/us terminate or reduce this authority in respect of the payments detailed in it.
9. This authority will remain in force, despite my/our death or bankruptcy or any other revocation of this authority, for all payments made in good faith before Kiwibank receive notice of my/our death or bankruptcy or of the revocation.
10. All Kiwibank's, or the Government's charges, for this service are to be debited from my/our account.

6 Authorisation

Please make this automatic payment as detailed by withdrawing funds from my/our account. I/We have been provided with, understand and accept Kiwibank's General Terms and Conditions and the terms and conditions listed above.

Name of account

*Your signature __ __ (Day) __ __ (Month) 2 0 __ __ (Year)

Contact phone number ___ (STD/Cell) ____ Daytime

Joint signature __ __ (Day) __ __ (Month) 2 0 __ __ (Year)

Contact phone number ___ (STD/Cell) ____ Daytime

Bank use only

Customer's Signature verified ☐ (tick)

AP authority number

Date received stamp

FM3004 NOV 04