

FAMILY PLANNING AUTOMATIC PAYMENT FORM



YOUR DETAILS

Title _____ First Name _____ Last Name _____

Address _____

Suburb _____ City _____

Day Tel _____ Evening Tel _____ Mobile _____

Email _____ Date of Birth _____

AUTOMATIC PAYMENT FROM YOUR CREDIT CARD

Amount \$ _____ Monthly Quarterly 6-Monthly Annually

Visa / Mastercard

Expiry Date: ____ / ____ Signature: _____

AUTOMATIC PAYMENT FROM YOUR BANK ACCOUNT

Name of Bank _____

This is a new authority

Branch _____

OR

Address _____

As from _____ (first payment date) this authority replaces existing authorities for \$ _____ in favour of the same payee.

Account Name _____

YOUR ACCOUNT DETAILS

Bank Branch Account Number Suffix

Details to appear on my/our bank statement

Particulars

Code

Reference

AMOUNT AND FREQUENCY

Fixed Amount \$ _____ Fortnightly Monthly Quarterly Other _____

Amount in words _____

First Payment Date ____ / ____ / ____ until further notice or Last Payment Date ____ / ____ / ____

Variable first amount \$

Variable last amount

Amount in words:

Please turn over for conditions and signing authority



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Continued... AUTOMATIC PAYMENT FROM YOUR BANK ACCOUNT

PAYEE DETAILS

Pay to the credit of:

Name of Bank

National Bank of New Zealand

Branch

Wellington Commercial Branch

Name of Account

Family Planning

Bank

0 6 0 5 0 1

Branch

Account Number

0 4 7 3 0 3 3

Suffix

0 0 0

Details to appear on our bank statement

R E G U L A R G I F T

Particulars

Code

Reference

Reference

Reference

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 below

Signature

[Signature box]

I am over 18 years of age

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 or 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.