

NEUROLOGICAL FOUNDATION

Authority for Automatic Payments

(Not to operate as an assignment or an agreement)

Bank Details

To the Manager

Name of Bank	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.
Branch	
Address	
Name of Account	

Account Details

Bank	Branch Number	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details to appear on my/our bank statement

Particulars	Code
<input type="text"/>	<input type="text"/>

Frequency and Amount

First Payment Date / /	Last Payment Date / /	or	Until Further Notice (Tick)
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Tick Box

Weekly	Fortnightly	Monthly	Specify
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Fixed Amount

Amount \$	Amount in Words
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Payee Details
Pay to the credit of

ANZ Bank New Zealand Limited
NEUROLOGICAL FOUNDATION OF NZ

Queen St, Auckland

Bank	Branch Number	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Particulars to appear on Payees bank statement

Particulars (Office Use)	Code (Office Use)
<input type="text"/>	<input type="text"/>

Authorization

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 enclosed.

Signature _____ Phone _____ Date _____

Your Details	Full Name	Title
	Address	Postcode

Please send completed form to: NEUROLOGICAL FOUNDATION, PO Box 110022, Auckland Hospital, Auckland 1148

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 maybe terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed over.
- 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 other revocation of this Authority until notice of my/our death, 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.