



- Not to act as an assignment or an agreement
- Give completed form to your bank

### Your account details

Name of bank

Branch  Town or City

Name of Account

This is a new automatic payment

*Important – tick one*  As from  (first payment date) this authority replaces existing authorities for  \$  in favour of the same payee.

Bank account no

On behalf of (name if other than payer)

Particulars

Details to appear on your statement

Code  Reference

### Frequency

First payment date  Last payment date  OR  until further notice (please tick)

(Tick one)  Weekly  Fortnightly  Four-weekly  Monthly  Other period

### Amount

Fixed amount \$  Amount in words

Variable amount  Variable first amount  Variable last amount

Complete if applicable \$  Amount in words

### Payee Details

Credit to: Bank  ASB Bank Branch  Taradale

Name of Account  T A R A D A L E H I G H S C H O O L

Account Number  1 2  3 1 4 4  0 0 7 4 1 7 6  0 0

Particulars (please insert your child's name, particularly surname)

Details for appear on payee's statement

Code  Reference

### Authorisation

- Please make this automatic payment as detailed by debiting my/our bank account.
- I/We understand and accept that the Bank accepts this authority only on the conditions overleaf.

Name of account

Signature  Date

Contact phone no  (Day)

Signature  Date

Contact phone no  (Day)