WEST COAST PENGUIN TRUST – AUTOMATIC PAYMENT FORM

Please complete and return to West Coast Penguin Trust, PO Box 63, Hokitika 7810

PAYER DETAILS

To: The Manager

Name of Bank	
Branch	
Address	
Your Name (Name of Account)	
Your Address	

AUTHORITY FOR AUTOMATIC PAYMENTS
(not to operate as an assignment or an agreement)

IMPORTANT – PLEASE TICK ONE BOX ☑

☐ This is a new authority
Or
☐ As from _____ (first payment date)
This authority replaces existing authorities
For $ _____ in favour of the same payee

On behalf of:
(Name if other than you)

Account Details

Bank Branch Account Number Suffix

Details to appear on your bank statement

Particulars: W C P T D O N O R

Code

Reference

FREQUENCY AND AMOUNT

First payment date | Last payment date | or | Until further notice (please tick) ☐

Tick box ☑ | Weekly | Fortnightly | Four weekly | Monthly | Other (specify)

Fixed Amount	Amount $	Amount in words
Variable First Amount ☑	Amount $	Amount in words
Variable First Amount ☑	Amount $	Amount in words

PAYEE DETAILS

Pay to the credit of **WEST COAST PENGUIN TRUST**

3 8 9 0 1 1 — Bank Branch
0 5 1 8 0 0 9 — Account Number
0 0 — Suffix

Details to appear on payee's bank statement

Particulars: W C P T D O N O R

Code **PLEASE WRITE YOUR NAME HERE**

Reference

AUTHORISATION

1. Please make this automatic payment as detailed by debiting my/our bank account.
2. I/We understand and accept that the bank accepts this authority on the conditions below.

(Your Signature) (Contact phone number) (Date) (Joint Signature) (Contact phone number) (Date)

CONDITIONS

1. The bank (Kiwibank) will use reasonable skill and care to give effect to the directions given to it in this authority.
2. Where directions given in this authority have been given by me/us for the purpose of a business, the bank accepts those direction 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. IWe 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 my/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 monies pursuant to this or any other authority or cheque which I/we may now or hereafter give to the bank or draw on our account.
7. The bank may in its absolute discretion refuse to make any one or more of the 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 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.

FOR BANK USE ONLY

Date Received:	Received By:	Checked By:

Bank Stamp