

WHANGAREI THEATRE COMPANY

PO Box 692, Whangarei

WTC Member to complete shaded boxes, and return to The Treasurer, Whangarei Theatre Company.

AUTOMATIC PAYMENT AUTHORITY

(Not to operate as an assignment or an agreement)

TO THE MANAGER:

Your Bank

Branch

Address

Payee Details

Account Name

Account Number - - -

Details to appear on my/our statement:

Particulars *Reference*

Frequency and Amount

Amount

First Payment Date

Frequency

Until Further Notice (tick)

Payee Details

Name of Bank Branch

Name of Account

Account Number - - -

Details to appear on Payee's statement:

Particulars *Reference (Your Name e.g. J. Smith)*

Authorisation

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

Name of Account

Customer Signature

Date

Contact Number

BANK USE ONLY

Date received:

Recorded by:

Checked by:

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.
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