Mission Aviation Fellowship

AUTOMATIC PAYMENT AUTHORITY

(Not to operate as an assignment or an agreement)

The Manager,

Name of your Bank .....

Branch .....

Name of account .....

Account number ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐

☐ New Payment or ☐ this authority replaces existing authorities for $_____ in favour of the same payee

Amount $_____.____

Start/Change Date ____/____/____ Until ____/____/____ OR ☐ Until further notice

Frequency ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ our weekly ☐ ther_____

Pay to: **Mission Aviation Fellowship of NZ Inc**

National Bank, Papakura

Pay to Account: **06 0583 0528842 01**

Information to appear on the MAFNZ Statement

☐☐☐☐☐☐☐☐☐ **CR** C U R R 2 5 0

(Donor name / ID) (staff ID)

Information to appear on my Statement

☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(Particulars) (Code) (Reference)

CONDITIONS: I/We understand and accept that the Bank accepts this authority only upon the conditions listed at the bottom of this form..

Name of Personal/Business Account: .....

..../...../.....

(Customers Signature) (Contact Phone No.) (Date)

..../...../.....

(Customers Signature) (Contact Phone No.) (Date)

BANK USE ONLY

Form Accepted by	Signature Verified by	Details Alt/Loaded by	Checked to DBR of	...../...../.....
.....	.....	.....	.....	
(Signature)				
.....	.....	.....	.....	
(Personnel No.)				DATE STAMP

After completing this form, please take it to your bank.

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.