KARORI WEST OSCAR GROUP INCORPORATED

AUTHORITY FOR AUTOMATIC PAYMENTS

PAYER DETAILS

Bank:

.....

☑ This is a new authority

Branch:

.....

Name of Account:

.....

Bank and Branch: | | | | | | |

Account Number: | | | | | | | |

Suffix | | |

Details to appear on my/our bank statement:

Particulars: | | | | | | | | | | | | |

Code: | | | | | | | | | | | | | | | | | | | | |

Reference: | | | | | | | | | | | | | | | | | | | | | | | | |

FREQUENCY AND AMOUNT

First Payment Date: / /

Until further notice: ☑

Frequency: Fortnightly

Fixed Amount:

Amount: $.....

Amount in Words: .....

PAYEE DETAILS

Pay to the credit of:

Name of Bank
Westpac Trust

Branch
Karori Mall

Name of Account
Karori West OSCAR Group Inc.

Account details
031540-0004007-00

Details to appear on payee's bank statement:

Particulars: | | | | | | | | | | | | |

Code: | | | | | | | | | | | | | | | | | | | | |

Reference: | | | | | | | | | | | | | | | | | | | | | | | | |

AUTHORISATION

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

Name of Account

.....

Customer's signature | Date | Contact phone number

....

Customer's signature | Date | Contact phone number

....