Authority for Automatic Payments (Not to operate as an assignment or an agreement)

Date received DAY / MONTH / YEAR

	To the Manager Your branch
1: Pay from	Pay from:
	Pay from
	Details to appear on my/our bank statements
Payment details	Regular payment amount \$
	First payment amount if different from regular amount \$ OR
	Last variable payment amount if different from regular amount \$
	Frequency (please tick one) Weekly Fortnightly Monthly 4-weekly 6-monthly Yearly
	First payment date//
	Last payment date// OR Until further notice (please tick)
: Pay to	Pay to: VIVIAN PHARMACY LTD Bank: Westpac Trust Branch: New Plymouth
	Pay to 0 3 0 7 1 3 0 2 7 4 5 5 4 0 0
	Details to appear on their bank statements
	Client Name Pharmacy account number
): 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 your banks conditions. Please see your bank for their terms and conditions.
	Customers Signature Contact phone number Date//
	Customers Signature Contact phone number Date//

Received by