External Automatic Payments

nzcu baywide

Customer Number

☐ Add New Authority ☐ Replaces Authority No. _____ ☐ One-off Payment

Surname

First Names

Telephone

Home

Work

Mobile

Please deduct from my S ☐ account Amount of $

First payment date Day Month Year

Until further notice ☐ or date of final payment

Frequency: ☐ Week ☐ Fortnight ☐ Month ☐ Four Weeks

☐ Quarterly ☐ Half Year ☐ Year ☐ Once Only ☐ Two Months

Payable to: Rented Property Management
(Payee's name or bulk code)

(Address if applicable)

or Bank Bank of New Zealand

(Branch)

Bank	Branch	Account Number	Suffix
02	0704	0107252	02

Details to appear on payees Bank statement:

Particulars Surname

Code Address

Reference Mobile Phone

Narration to appear on customer's Credit Union statement:

CONDITIONS OF AUTOMATIC PAYMENTS

1. All current Credit Union and Government charges for this service in force from time to time are to be debited to my/our account.
2. Transactions after 7.30pm will be treated as the following day's transaction.
3. I/We acknowledge that the Credit Union will not pay this amount or any part thereof unless there are sufficient funds to cover the whole of the amount standing to my/our credit in the stipulated account on the date of processing by the Credit Union.
4. I/We acknowledge that where there are insufficient funds available in my account to meet this repayment that the system will try and generate this payment for three (3) subsequent days (excluding Sundays).
5. The Credit Union shall not be liable to me or my personal representatives or any other body (corporate or unincorporate) for the loss, damage, penalty or charge direct or consequential howsoever arising in the event of error (negligent or otherwise) in the payment or non-payment of any monies hereby authorised for payment or cancellation.
6. This order is subject to any arrangements now subsisting or which hereafter may subsist between myself and the Credit Union in relation to my account or any loan advanced to me.
7. The Credit Union may in its absolute discretion conclusively determine the order of priority of payment by it or any monies pursuant to this or any other order or cheque which I/we have or may hereafter give to the Credit Union to draw on my account.
8. The Credit Union may at its pleasure terminate this order as to future payments at any time by notice in writing to me or without notice at any time.
9. This authority will remain in force and effect in respect of payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Credit Union.

AUTHORISATION

Please charge this payment to my Credit Union Baywide account as stated above. I understand that the Credit Union accepts this request only upon the Conditions of Automatic Payments. I/We have read the Conditions of Automatic Payments and acknowledge these conditions.

Customer's Signature

Day Month Year

CREDIT UNION USE ONLY

Received By: Staff Initials Day Month Year

Loaded By: Staff Initials Day Month Year

Authority No.

BRN102 01/12