This is for NZ payments only. Fill in * sections and post with Registration Form: HPC Reunion, P O Box 44, NGATEA 3541

PAYER DETAILS

To the Manager

AUTHORITY FOR AUTOMATIC PAYMENTS

(Not to operate as an assignment or an agreement)

* Name of Bank

* Branch

* Address

* Name of Account

IMPORTANT PLEASE TICK

☑ This is a new authority.

OR

☐ As from _____ (first payment date), this authority replaces existing authorities $ _____ in favour of the same payee.

Account details:

On behalf of:
Name if other than payer

Bank | Branch number | Account number | Suffix

*

Details to appear on my/our bank statement.

Particulars: REUNION2012

Code

Reference

FREQUENCY AND AMOUNT

* First Payment Date

Last payment Date

OR Until further notice — Tick ☐

* Tick Box

Weekly	Fortnightly	Four Weekly	Monthly	Specify other period

* Fixed Amount | Amount | Amount in Words

Complete if applicable (tick one box only)

		Amount	Amount in Words
Variable First Amount	☐	$	
Variable Last Amount	☐		

PAYEE DETAILS

For payment by cheque tick box ☐ and complete section on reverse (leave this section blank)

Pay to the credit of:

Name of Bank: Bank of New Zealand

Branch: NGATEA

Account details

Name of account: HAURAKI PLAINS COLL

Bank | Branch number | Account Number | Suffix: 02 0380 | 0011990 | 00

Details to appear on payee's bank statement.

* Particulars **Surname and Initials**

Code: REUNION2012

* Reference **First Year Attended (eg 1965)**

AUTHORISATION

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

* Name of account - customer to complete

PLEASE TURN OVER

* (Customers Signature)	* (Contact Phone No)	* (Date)	(Customers Signature)	(Contact Phone No)	(Date)
		/ /			/ /