

PO Box 64-011 Botany Town Centre, Auckland.  
Telephone (09) 277 4948 Fax (09) 277 4948

(Not to operate as an assignment or an agreement)

|                 |
|-----------------|
| Name of Bank    |
| Branch          |
| Address         |
| Name of Account |

☒

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

[illegible]

| Bank | Branch No. | Account No. | Suffix |
|------|------------|-------------|--------|
|      |            |             |        |

This is your authority to do so.

Signed.....

|   |   |   |  |   |   |   |   |   |   |   |   |
|---|---|---|--|---|---|---|---|---|---|---|---|
| J | F | S |  | R | E | C | O | V | E | R | I |
|---|---|---|--|---|---|---|---|---|---|---|---|

[illegible][illegible]

|                    |  |                          |  |                   |  |                          |  |                      |  |                          |  |                                     |  |
|--------------------|--|--------------------------|--|-------------------|--|--------------------------|--|----------------------|--|--------------------------|--|-------------------------------------|--|
| First Payment Date |  | 20                       |  | Last Payment Date |  | 20                       |  | Until Further Notice |  | Tick                     |  | <input checked="" type="checkbox"/> |  |
| Tick               |  | <input type="checkbox"/> |  | Weekly            |  | <input type="checkbox"/> |  | Fortnightly          |  | <input type="checkbox"/> |  | Monthly                             |  |
| Box                |  |                          |  |                   |  |                          |  |                      |  |                          |  |                                     |  |
| Fixed Amount       |  |                          |  | Amount            |  |                          |  | Amount in Words      |  |                          |  |                                     |  |
|                    |  |                          |  | \$                |  |                          |  |                      |  |                          |  |                                     |  |

|                       |  |        |                 |
|-----------------------|--|--------|-----------------|
| Variable First Amount |  | Amount | Amount in Words |
| Variable Last Amount  |  | \$     |                 |

Name of Bank: **ANZ Banking Group**

Botany Town Centre

|   |   |   |  |   |   |   |   |   |   |   |   |   |   |  |   |   |   |  |  |
|---|---|---|--|---|---|---|---|---|---|---|---|---|---|--|---|---|---|--|--|
| J | F | S |  | R | E | C | O | V | E | R | I | E | S |  | L | T | D |  |  |
|---|---|---|--|---|---|---|---|---|---|---|---|---|---|--|---|---|---|--|--|

|        |            |             |        |
|--------|------------|-------------|--------|
| Bank   | Branch No. | Account No. | Suffix |
| 011804 | 0024950    | 000         |        |

| Particulars | Code | Reference |
|-------------|------|-----------|
|             |      |           |

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- Name of Account: \_\_\_\_\_

Sign Here: \_\_\_\_\_

Contact Phone No.