## JFS Recoveries

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

PAYER DETAILS	AUTHORITY FOR AUTOMATIC PAYMENTS (Not to operate as an assignment or an agreement)
Name of Bank	
Branch	IMPORTANT PLEASE TICK √ This is a new authority. OR
Address	As from (first payment
Name of Account	date), this authority replaces existing authorities for \$ in favour of the
	same payee.
On behalf of: Account details:	
Bank     Branch No.     Account No.     Suffix	To the ManagerBank Please supply the number of my account for this Authority for Automatic Payments. This is your authority to do so.
Details to appear on my/our bank statement.	
	Signed
Particulars         Code           J F S R E C O V E R I	Reference
FREQUENCY AND AMOUNT	
First Payment Date Last Payment Date 20	20 Until Further Notice
Tick Weekly Fortnightly Box	Monthly
Fixed Amount Amount \$	in Words
Complete if applicable (tick one box only)	
\$	in Words
Variable Last Amount	
PAYEE DETAILS	
Pay to the order of:	
Name of Bank: ANZ Banking Group	Branch Botany Town Centre
Name of Account:	Account Details         Bank         Branch No.         Account No.         Suffix           0         1         1         8         0         4         0         0         2         4         9         5         0
Details to appear on payee's bank statement	
Particulars Code	Reference
AUTHORISATION	
<ol> <li>Please make this automatic payment as detailed by debiting my/our</li> <li>I/We understand and accept that the Bank accepts this authority on</li> </ol>	
Name of Account:	
Sign Here:	