## Payer Details TO THE MANAGER

## Authority for Automatic Payments

TO THE TIME COLIN		•
Name of Bank:	(Not	to operate as an assignment or an agreement)
Branch:	Imp	portant Please Tick
Address:		This is a new authority. OR
Name of Account:		As from(first payment date) nuthority replaces existing authorities favour of the same payee.
ACCOUNT DETAILS  Bank Branch Number Account Number  Details to appear on my/our bank serviculars	Suffix Statement ode	Reference
FREQUENCY AND AMOUNT  First Payment Date://	Last Payment Date:	OR Until Further Notice: $\sqrt{}$
Tick box Weekly	Four	Weekly
Fixed Amount: Amount:	Amount in Words	:
Complete if applicable (Tick one box only)  Variable first Amount:  amount: \$  Variable last amount:	Amount in Words:	
Payee Details		
Pay to the credit of: Name of Bank:	Branch:	
KiwiBank Limited	Wellir	ngton
Name of Account:	Account D	
NZ Democrats for Social Credit	3 8 9	
Details to appear on payee's bank	statement:	Reference
Authorisation		
Please make this automatic payme Name of Account (Customer to comp		ny/our account.
(Customers Signature)	(Contact Phone No)	(Date)
(Customers Signature)	(Contact Phone No)	