

INSTRUCTION FOR AUTHORITY FOR AUTOMATIC PAYMENTS

You can set up an Automatic Payment using the attached form or through internet banking. Please see related instructions below.

1) Using the Attached Form

i) PAYMENT DETAILS:

Please complete your bank details

ii) FREQUENCY AND AMOUNT:

Please fill in the amount, frequency of payment and the last payment date.

iii) Please do not make changes to PAYEE DETAILS

iv) Please send the completed form to your bank.

2) Setting Up Automatic Payment via Internet Banking

i) FREQUENCY AND AMOUNT:

Please fill in the amount, frequency of payment and the last payment date.

ii) PAYEE DETAILS:

- **Name of Bank:** ASB
- **Branch:** Dominion Road Auckland
- **Name of Account:** EDEN ASSEMBLY OF GOD
- **Account No.:** 12 3016 0640532 00
- **Particulars:** Your name (only up to 12 characters)
- **Code:** for example: Tithes, Missions, Special, NLC, GuestSpeaker, G610, Miracle, Kingdom, T&T ETC.
- **Reference:** Your Tithe number (fill in the number as per attached form)

Each automatic payment is only for one type of payment, if you would like your AP to be allocated to more than one area, please contact us for more details.

If you have any queries, please contact The Treasurer info@edenchurchnz.com

PAYER DETAILS To The Manager Name of Bank Branch Name of Account	AUTHORITY FOR AUTOMATIC PAYMENTS (Not to operate as an assignment or an agreement.) IMPORTANT PLEASE TICK <input type="checkbox"/> This is a new authority, or <input type="checkbox"/> As from / / (first payment date), this authority replaces existing authorities for \$ in favour of the same payee.
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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 (max 12 characters)	Code (max 12 characters)	Reference (max 12 characters)

FREQUENCY AND AMOUNT		
First Payment Date	Last Payment Date	or Until Further Notice (tick) <input type="checkbox"/>
Frequency:		

Fixed Amount	Amount \$	Amount in Words
Complete if applicable (one option only)		
Variable Amount <input type="checkbox"/> First <input type="checkbox"/> Last (tick one)	Amount \$	Amount in Words

PAYEE DETAILS			
Pay to the credit of:			
Name of Bank	Branch		
ASB	Dominion Road		
Name of Account	Bank/Branch	Account Number	Suffix
E D E N 5 G G 9 A 6 @ M C ; C 8	1 2 3 0 1 6	0 6 4 0 5 3 2	0 0
Details to appear on payee's Bank statement.			
Particulars (max 12 characters)	Code (max 12 characters)	Reference (max 12 characters)	

AUTHORISATION		Bank use
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 above.		Date received : / / Recorded by: Checked by:
Name of Account (customer to complete)		
Customer's Signature	Contact Telephone No.	Date / /
Customer's Signature	Contact Telephone No.	Date / /