

# Automatic Payment Authority

Sinch: PO Box 38056, Parklands, Christchurch 8842  
Phone: 0800 LOADFAST (0800 562332).  
info@sinch.co.nz :: www.sinch.co.nz



Please complete this form and take it to your bank.

Bank:	<input type="text"/>
Bank Branch:	<input type="text"/>
Please start this automatic payment by debiting my/our account. Details are:	
Account Name:	<input type="text"/>
Account Number:	<input type="text"/>

New Authority?  Yes  Amendment to existing authority

Regular Payment Amount: \$

Frequency:  Weekly  Fortnightly  Four Weekly  Monthly (tick one)

Please commence payments on  /  /

Until:  Further notice OR  A final payment on  /  /

Pay to: Bank:	<input type="text" value="Kiwibank"/>	Account Name:	<input type="text" value="Total Business Services"/>
Pay to: Account No.	<input type="text" value="38-9010-0831503-00"/>		
Information to appear on Sinch's bank statement			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Sinch Account Number, 6 digits)	(Name)	(Leave Blank)	
Information to appear on my statement			
<input type="text" value="SINCH"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Particulars)	(Code)	(Reference)	

**CONDITIONS:** I/we understand and accept that the bank accepts this authority only upon the following conditions:

- The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
- Where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of the payments or for the late payment or for any omission to follow such directions.
- The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
- I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
- This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
- The Bank may in its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority or cheque which I/we may now or hereafter give to the Bank or draw on my/our account.
- The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account.
- This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed above.
- This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Bank.
- All current Bank and Government charges for this service in force from time to time are to be debited to my/our account

These Terms and Conditions may be varied from time to time and will be superseded by those on display in the Bank's branches or on their webpages

Signature \_\_\_\_\_ Ph: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Partner's Signature \_\_\_\_\_ Ph: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(if Joint Account)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

<b>BANK USE ONLY</b>	<b>Form accepted by:</b>	<b>Signature verified?:</b>	<input type="text" value="Date Stamp"/>
Signature: _____	_____	_____	
A/P no. _____	_____	_____	