LIBERTY Trust

Incorporated under the Charitable Trust Act 1957

P.O. Box 2211, Whakatane, New Zealand
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Phone 07 308 4187, A/Hrs 07 307 0444
Fax 07 308 6308

AUTOMATIC PAYMENT AUTHORITY

Bank _____ Branch _____

Account Name _____

Account Number ☐☐☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐

Dear Sir/ Madam

Please action this Automatic Payment by debiting my/ our account with:

☐ New Payment; or
☐ Change existing payment to the same account holder

Start/ Change Date _____

Amount $_____ per week/ fortnight/ month

Pay to **Liberty Trust**

Account Number **03 0490 0237819 00**

Until ☐ Further Notice; or
☐ Final amount of $_____ on _____ (date)

Information to appear on Liberty Trust statement:

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Your surname then initials | Our Code | Reference

Information to appear on my/ our statement:

L	I	B	E	R	T	Y		T	R	U	S	T										

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I/ we understand and accept that the Bank accepts this authority only on the conditions below.

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
2. 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 late payment or for any omission to follow such directions.
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I/we undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself/ ourselves and the Bank in relations to my/ our account.
6. The Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any moves 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.
7. 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.
8. 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.
9. This notice will remain in force and effect in respect of all payments made in good faith not withstanding 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.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my/ our account.

ANZ Bank, Authority for Automatic Payment, Conditions, November 1999

Signed _____ Date _____

Please sign & return to Liberty Trust, PO Box 2211, Whakatane
Or contact us to if you prefer to use internet/ telephone banking