

RED SOX MANAWATU SPORTS CLUB

2010 FEES



AUTHORITY for AUTOMATIC PAYMENTS

Not to operate as an assignment or agreement

Important - Please tick

Payer Details

To the Manager:

Name of Bank:
Branch:
Name of Account:

- This is a new authority, or
As from .../.../... (1st payment date)
this authority replaces existing authorities
for \$....., in favour of same Payee

Account Details

On behalf of (name if other than payer)

Bank/Branch/Account Number/Suffix

Details to appear on my/our Bank statement:

Particulars (max 12 characters) Code (max 12 characters) Reference (max 12 characters)

Payment Details

FIRST PAYMENT DATE LAST PAYMENT DATE

Payment Frequency: Weekly Fortnightly Monthly

Payment Amount: \$ Amount in words

Complete if applicable for variable amount - one option only First Last

Variable Amount: \$ Amount in words

Payee Details

Pay to the Credit of: Name of Bank: WESTPAC Branch: cnr Rangitikei & Featherston Sts, PN

Bank/Branch/Account Number/Suffix

F E E S 1 0

Please enter YOUR Name & Initials here

Please enter YOUR RSM Team Name here

Conditions

- 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 purposes 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 payment or for late payment for any omission to follow such
3 The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this
4 I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which
5 This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the bank in relation to
6 The bank may in its absolute discretion conclusively determine the order or priority 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
7 All current Bank and Government charges for this service in force from time to time are to be debited to my/our account
8 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
9 This authority may be terminated or reduced by the Bank or the Payee without notice to me/us in respect of the payments detailed
10 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

Authorisation

- 1 Please make this automatic payment as detailed above by debiting my/our account
2 I/We understand and accept that the Bank accepts this authority only on the above conditions

Name of Account (customer to complete)

Customers Name Signature Phone Date

Bank Use

Date Received Recorded By: Checked By: