## Consumer Finance Limited Automatic Payments Private Bag 94013, Auckland 2241.



PAYER DETAILS To: The Manager	AUTHORITY FOR AUTOMATIC PAYMENTS
Name of Bank	(Not to operate as an assignment or an agreement)
	IMPORTANT PLEASE TICK
Branch	This is a new authority, or
	As from / /
Name of Account	(first payment date), this authority replaces
	existing authorities for \$ in favour of the same payee.
ACCOUNT DETAILS	
On behalf of:	
Bank/Branch/Account Number/Suffix (Name if other than payer)	
Details to appear on my/our Bank Statement.	
Particulars (max 12 characters) Code (max 12 characters)	Reference (max 12 characters)
FREQUENCY AND AMOUNT	Hadil Friedd au Nadicaldiald
First Payment Date Last Payment Date	Until Further Notice(tick) Or
Frequency: (tick) Monthly Fortnightly	Weekly
Fixed Amount \$ Amount in Words	
Variable Last Amount \$ Amount in Words	
PAYEE DETAILS	
Pay to the Credit of:	
Name of Bank Branch	
BANK OF NEW ZEALAND 80 QUEE	n street, auckland
	ils (Bank/Branch/Account Number/Suffix
	0390018 02
Details to appear on payee's Bank Statement Particulars (max 12 characters)  Code (max 12 characters)	Reference (max 12 characters)
CONDITIONS	
<ol> <li>The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.</li> <li>Where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accany refusal or omission to make all or any of the payments or for late payment or for any omission to follow such</li> <li>The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment info</li> <li>I/We undertake to advise the Bank immediately of any information about payments shown on bank statements</li> </ol>	directions. ormation fields on this authority.
<ol> <li>This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Ban</li> <li>The Bank may in it absolute discretion conclusively determine the order or priority of payment by it of any mo I/We may now or hereafter give to the Bank or draw on my/our account.</li> </ol>	k in relation to my/our account.
7. The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority w	
<ul><li>8. This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of a</li><li>9. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my</li></ul>	
until notice or 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/ou	ur account.
AUTHORISATION	Bank Use
1. Please make this automatic payment as detailed by debiting my/our account.	Date Received: / /
2. I/We understand and accept that the Bank accepts this authority only on the conditions listed above.	Recorded by: Checked by:
Customore Circutana	Date
Customers Signature Contact Phone	Date / /
Customers Signature Contact Phone	Date