

# Automatic Payment Authority

(Not to operate as an assignment or an agreement)

Please complete the form below and return to  
CanTeen, PO Box 56 072, Dominion Rd, Auckland 1446.



## To the Manager:

Bank where my/our account is held (also include Branch):

Bank: .....Branch: .....

Bank's Postal Address: .....

Name of Account: .....

Account Number:

Please start this Automatic Payment by debiting my/our account. Details are:

New payment, or  Change an existing payment to CanTeen

Amount: \$

Start/Change date:

Frequency (monthly etc):

Pay to (name):

Pay to (account number):

Until  Further Notice Or (specify date)

Information to appear on CanTeen's statement:

Information to appear on my statement:

I/we understand and accept the bank accepts this authority only upon the conditions on the reverse of this authority.

.....  
(Customer's signature) Date (day/month/year) Contact phone number

### BANK USE ONLY

Form accepted by Signature Verified by Details Alt/Loaded by Checked to DBR of Date / /

.....  
(signature) .....

.....  
(Personnel No.) .....

Date Stamp