IGNITE SPORT TRUST

**Automatic Payment Authority** (Not to operate as an assignment or agreement)

**Important – Please Tick**

 This is a new authority **OR** As from ......./......./......this authority replaces existing authorities for $ in favour of the same payee.

**Payer Details** *(To the manager of)*

Name of Bank Branch

Name of Account

**Account Details**

Bank Branch Account Suffix

Details to appear on my/our bank statement

Particulars Code Reference

**Frequency and Amount**

**Amount:**  **$ .** Amount in words

**Start/Change Date:**

 Day Month Year

**Frequency:** Weekly Fortnightly Four Weekly Monthly Other

**Until:** Further notice OR a final payment amount of $ . on

 Day Month Year

**Payee’s Details** *(To the credit of)*

Name of Bank **ASB** Branch **QUEENSGATE**

Name of Account **IGNITE SPORT TRUST**

Bank Branch Account Suffix

**12 3142 0276022 04**

Details to appear on Ignite Sport’s bank statement

Particulars Code (Please enter the Name of Recipient) Reference (Please enter your Name here)

**Authorisation** (Customer to complete)

1. Please make this automatic payment by debiting my/our account.
2. I/We understand and accept that the Bank accepts this authority only on the conditions on the reverse of this authority.

Name of Account

Customers Signature Contact Phone Date

Customers Signature Contact Phone Date

**Bank Use Date Received Recorded by Checked by**

**CONDITIONS**

1. The bank will use reasonable care and skill to give effect to the directions given 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 ay refusal or omission to make all or any of the payments or for late payments or for any omission to follow such directions.
3. The bank accepts no responsibility or liability for accuracy of the information contained in the payment information fields o 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 arrangements now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
6. The Bank may in its absolute discretion conclusively determine the order and 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.
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 over.
9. 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 other 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.