# Set up an Automatic Payment

Setting up an automatic payment is a great 'set and forget' way to invest money and increase your chances of winning each month. Simply complete this form with your details, including bondholder number, purchase frequency and the amount you'd like to purchase. Hand the form in at any ANZ Branch or mail the form to the Bonus Bonds Centre, Freepost Bonus Bonds, PO Box 898, Dunedin 9054 and a Bonus Bonds Certificate will be mailed to you every time an automatic payment is made.

*Your current personal details, prize payment method and your signing authority will apply to any future purchases of Bonus Bonds. Should you wish to change these details, you can visit an ANZ branch.*

## Authority for Automatic Payment

(Not to operate as an assignment or an agreement)

Important – Please tick one

☐ This is a new authority, or

☐ This authority replaces existing authorities for $ _____

in favour of the same payee, as of _____

## Payer Details

To the Manager

Name of Bank

Branch

Account Name

### 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)

## Frequency and Amount

First Payment Date

Last Payment Date

☐ OR Until Further Notice (tick)

Frequency of Payment (tick one)

☐ Weekly    ☐ Fortnightly    ☐ Monthly

☐ Other: (please specify)

Fixed Amount: $ _____ .00
(minimum of $20 and any amount of whole dollars thereafter)

Amount in words

**Variable Amount:** (tick one)

☐ Variable first amount    ☐ Variable last amount

Variable amount: $ _____ .00

Amount in words

## Payee Details

Pay to the credit of

| Name of Bank | ANZ |
|---|---|
| Branch | DUNEDIN |
| Account Name | BONUS BONDS SALES |

1 1 8 4 3 1 0 9 9 8 7 4 7 0 0 0

### Details to appear on payee's statement

Particulars: (max 12 characters)

Code: (max 12 characters)

Reference: (Bondholder number – required)

8 4 1

## 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 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 are incorrect.
5. This authority is subject to any arrangement 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 or 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 above.
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 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.

## Authorisation

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

### Name of Account

Customer to complete

Customer's Signature                 Dated

Contact phone number

Customer's Signature                 Dated

Contact phone number

BANK USE ONLY

Date Received:

Recorded by:

Checked by: