

Automatic payment to Kāinga Ora – Homes and Communities



Bank application form

CUSTOMER NAME(S) _____

TELEPHONE NUMBER(S) HOME _____ WORK _____ MOBILE _____

KĀINGA ORA PAYMENT REFERENCE NUMBER

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Payer details – to be completed by the customer To the manager

NAME OF BANK _____

BRANCH _____

ADDRESS _____

NAME OF ACCOUNT _____

Account details

BANK	BRANCH NO.	ACCOUNT NO.	SUFFIX

Details to appear on my/our bank statement

PARTICULARS	CODE	KĀINGA ORA PAYMENT REFERENCE NUMBER
R E N T		

Frequency and amount

First payment date ____ / ____ / ____ until further notice

Frequency (tick correct box) WEEKLY FORTNIGHTLY MONTHLY OTHER (please state) _____

Fixed amount \$ _____ amount in words _____

Payee details – pay to the credit of

NAME OF ACCOUNT	BANK	BRANCH NO.	ACCOUNT NO.	SUFFIX
Kāinga Ora – Homes and Communities	0 2	0 1 9 1	0 1 1 8 6 6 8	0 0 0

Details to appear on Kāinga Ora's statement

PARTICULARS	CODE	KĀINGA ORA PAYMENT REFERENCE NUMBER (must be completed)
R E N T		

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 overleaf.

SIGNATURE(S) _____ DATE ____ / ____ / ____

Conditions

1. The bank will endeavour to effect such automatic payments without any responsibility or liability for any refusal or omission to make all or any of the payments or late payments or for any omission to follow any such instructions. Further, the bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In any event this authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the bank in relation to my/our account.
2. The bank may in its absolute discretion conclusively determine the order or priority of payment by it of any moneys 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.
3. This authority may be terminated or reduced without notice to me/us in respect of payments detailed over, by the bank, or the payee.
4. This order 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 order until notice of my/our death, bankruptcy or such revocation is received by the bank.
5. All current bank and government charges for this service in force from time to time are to be debited to my/our account.

Alteration to fixed amount

Please alter the fixed amount of this automatic payment

As from ___ / ___ / ___ amount \$ _____ amount in words _____

CUSTOMER(S) SIGNATURE _____ **DATE** ___ / ___ / ___

As from ___ / ___ / ___ amount \$ _____ amount in words _____

CUSTOMER(S) SIGNATURE _____ **DATE** ___ / ___ / ___

For bank use only

DATE RECEIVED ___ / ___ / ___ **RECORDED BY** _____ **CHECKED BY** _____

