New Zealand Retirement Trust (NZRT) Automatic Payment Authority

(Not to operate as a separate assignment) **Please complete payee details and send directly to your bank**

PAYER DETAILS

Bank Name: _____ **Branch:** _____

Postal Address: _____

_____

Name of Account _____

IMPORTANT - PLEASE COMPLETE

☐ This is a new authority

☐ As from the first payment date given below, this authority replaces existing authorities for $_____ in favour of the same payee

Account Details ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐

bank branch account number suffix

Please print the following details on my bank statement

☐☐☐☐☐☐☐☐☐☐☐☐ A M P - S U P E R ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Particulars Code Reference

Start payments on _____/_____/_____ and continue monthly

Day Month Year

Amount $_____ (amount in words) _____

PAYEE DETAILS

Pay to the credit of New Zealand Retirement Trust by crediting account number

0 2 5 0 0 0 7 6 2 6 8 5 0 0

bank branch account number suffix

☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐ N Z R T ☐☐☐☐☐☐☐☐☐☐

Particulars (Plan Name or Surname) Code (NZRT Plan Number) Reference

AUTHORISATION

- **Please make this automatic payment as detailed by debiting my/account.**
- **I/we understand and accept that the bank accepts this authority only on the conditions below.**

_____ _____/_____/_____

Signature Day Month Year

_____ _____/_____/_____

Signature Day Month Year

CONDITIONS

- The bank will make every effort to bring about the automatic payments described above, with no responsibility or liability for A) any payment which it does not make; or B) late payment; or C) not following the payer's instructions. Further, the bank does not accept responsibility or liability for the accuracy of the information supplied by the payer and payee, or for not transmitting that information in the manner requested. In any event this authority is subject to any present or future arrangement between me/us and the bank concerning my/our account.
- The bank has the discretion to conclusively determine the order of priority of payment by it of any money under this or any other authority or cheque which I/we may give to the bank or draw on my/our account.
- The bank or payee may terminate or reduce the payment detailed on this form without notice to me/us.
- This authority will remain in force concerning all payments made in faith, regardless of my/our death or bankruptcy or any other revocation of this authority until notice of my/our death, bankruptcy or such revocation is received by the bank.
- All normal bank and government charges for this service are to be debited to my/our account.

FOR BANK USE ONLY

Date received: _____/_____/_____ Recorded by _____ Checked by _____

Day Month Year

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