

Authority for Automatic Payment: Fulbright New Zealand Trust

Please return form to Fulbright New Zealand, PO Box 3465, Wellington, New Zealand.

Important – Please Tick

This is a new authority

As from .../.../... (first payment date), this authority replaces existing authorities for \$..... In favour of the same payee.

Payer Details

Name of Bank

Branch.....

Name of Account

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: Weekly Fortnightly Four weekly Monthly or Specify other period

Fixed amount \$..... Amount in words.....

Complete if applicable (one option only):

Variable amount First Last \$..... Amount in words

Payee Details

Pay to the credit of: Name of Bank: **National Bank** Branch: **Wellington**

Name of Account: **Fulbright New Zealand Trust**

Bank/Branch/Account Number/Suffix

Details to appear on payee's Bank statement:

Particulars (insert your name)

Code (max 12 characters)

Reference (max 12 characters)

Authorisation

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

Name of Account (customer to complete)

Customer's signature

Contact phone number..... Date/...../.....

Customer's signature

Contact phone number..... Date/...../.....