BANK AUTHORITY FOR AUTOMATIC PAYMENTS
(XERO SUBSCRIPTION)

CLIENTS (Payer's) ACCOUNT NAME	DATE: / /

CURRENT ADDRESS	PHONE HOME BUSINESS

TO THE MANAGER
BANK BRANCH

CLIENT'S (Payer's) ACCOUNT NUMBER

Bank Branch Account Number Suffix

FOR BANK USE ONLY

A/P No. Type Charge Bank Interest Non Std Com Bulk/G.A. Code Freq O'ride

PLEASE EFFECT THIS AUTOMATIC PAYMENT BY DEBITING MY/OUR ACCOUNT - THE DETAILS ARE:

	COMMENCING	FREQUENCY	AMOUNT
Y New AP		Monthly	$50.00
Change AP			

UNTIL Y Further Notice

BY CREDIT TO: COLLINS & CO - CHARTERED ACCOUNTANTS LIMITED

AT BANK OF NEW ZEALAND RANGIORA BRANCH:

PAYEE'S ACCOUNT NUMBER

02	0876	0150126	026
Bank	Branch	Account Number	Suffix

INFORMATION TO APPEAR ON PAYEE'S STATEMENT

«fullname»	«clientid»	

INFORMATION TO APPEAR ON CLIENT'S STATEMENT

XERO SUB

Payer Code Payer Reference

CONDITIONS

1. The Bank will endeavor to effect such automatic payments without any responsibility or liability for any refusal or omission to make all or any of the 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/our accounts.
2. The Bank may in it's 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. The Bank may at any time terminate this order as to future payments by notice in writing to me/us - or without notice, at any time after being advised in writing by the above named payee that no further payment is required.
4. This order will remain in full force and effect in respect of all payments made in good faith not withstanding my/our death or bankruptcy or any other revocation is received by the Bank.
5. In the event of the payment not being provided for on due date, the Bank need not be concerned any further with payment for that period which will then become my/our responsibility.
6. The Bank is authorised to advise the payee of my/our recorded address if requested by the payee in respect of this payment to the payee.
7. All current Bank charges for this service in force from time to time are to be added to the payment amount and debited to my/our account.

CUSTOMER'S (Payer's) SIGNATURE(S): _____