



Email: info@igrin.co.nz Website: www.igrin.co.nz  
 Address: 25 Bank Street or PO Box 5002, Whangarei  
 Phone: 09 430 3540 or 0800 244 746 Fax: 09 430 3775

dial-up • jetstream • wireless • web design/hosting • domain names & more

*come surf with us...*

**PAYER DETAILS: To the Manager**

Name of Bank:	<b>Authority for Automatic Payments</b>  <b>IMPORTANT PLEASE TICK</b>  <input checked="" type="checkbox"/> This is a new authority  As from ___/___/___ First payment
Branch:	
Address:	
Name of Account:	

**ACCOUNT DETAILS**

On behalf of:  
 Or name if other than payer: \_\_\_\_\_

<b>Branch Number</b>	<b>Account Number</b>	<b>Suffix</b>																	
<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>									<table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table>			

**Details to appear on bank statement:**

<b>Particulars</b>	<b>Code</b>	<b>Reference</b>
--------------------	-------------	------------------

**FREQUENCY AND AMOUNT**

<b>First Payment Date</b> / /	<b>Last Payment Date</b> / /	<b>Or until further notice, tick</b>
----------------------------------	---------------------------------	--------------------------------------

<b>Tick Box</b>	<b>Weekly</b>	<b>Four Weekly</b>	<b>Monthly</b>	<b>Specify Other period</b>
-----------------	---------------	--------------------	----------------	-----------------------------

<b>Fixed Amount (tick)</b>	<b>Amount</b>	<b>Amount in words</b>
----------------------------	---------------	------------------------

**PAYEE DETAILS (Pay to the credit of):**

<b>Name of Bank</b> ANZ	<b>Branch</b> 16-20 Rathbone St, Whangarei
----------------------------	---

**Account Details:**

<b>Name of Account</b> Internet Group Northland	<b>Bank Branch Number</b> 0 1 0 4 8 7	<b>Account Number</b> 0 0 2 1 6 6 2	<b>Suffix</b> 0 0
--	--	--	----------------------

**Details to appear on payees bank statement:**

<b>Particulars</b>	<b>Code</b>	<b>Reference</b>
--------------------	-------------	------------------

**AUTHORISATION:**

- Please make this automatic payment as detailed by debiting my/our account
- I / WE understand and accept that the Bank Accepts this authority.

Name of account - customer to complete (Business/Personal) Delete one

_____ (Customer Signature)	_____ (Contact Phone No.)	_____ Date	_____ (Customer Signature)	_____ (Contact Phone No.)	_____ Date
-------------------------------	------------------------------	---------------	-------------------------------	------------------------------	---------------

(Your bank will require an original signature and will not accept a photocopy or facsimile)  
 PLEASE NOTE - NATIONAL BANK CUSTOMERS WILL NEED ANOTHER FORM TO FILL IN.