



THE NORTH ISLAND ENGLISH MASONIC DISTRICT CHARITABLE TRUST
 P O Box 11081, Ellerslie, Auckland. 1051. Tel: 09 5799056 Fax: 09 5799256 Email: dgsec@freemasons.org.nz
 Banking with WESTPAC, Penrose, Auckland

AUTHORITY FOR AUTOMATIC PAYMENTS TO THE TRUST
 (Not to operate as an assignment or an agreement)

To the Manager (of your Bank)

Name of Bank: Branch:

Address:

Name of Account:

Important – Please tick one and complete all sections

- New Automatic Payment OR
- Change an existing automatic payment. The current amount being paid is \$.....:.....

A. PAY FROM:

(Your) Account Details:

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Bank Branch Account No Suffix.

Details to appear on my/our bank statement

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B. PAYMENT DETAILS

Regular Payment amount: \$.....:.....

First variable payment amount if different from the regular amount \$.....:..... if required

OR

Last variable payment amount if different from the regular amount \$.....:..... if required

Frequency (Please tick one)

- weekly Fortnightly Monthly 4 Weekly 6 Monthly Quarterly Yearly

First Payment Date:/...../.....

Last Payment Date:/...../.....

or

- Until further notice (Please tick if required)

C. PAY TO

Account Number **03 0243 0167251 02**
 Name of Account **NORTH ISLAND ENGLISH MASONIC DISTRICT CHARITABLE TRUST**

Details to appear on their bank statement:

Your Name	Initials	Lodge No.

D. 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

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Customer's Signature Contact Phone No Date

Customer's Name:

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Customer's Signature Contact Phone No Date

Customer's Name:

E. BANK USE ONLY

Date Received:/...../..... Received by: