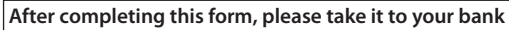


Not to operate as an assignment or agreement



Customer name:

Mr/Mrs/Miss/Ms First Name: _____ Last Name: _____

Customer address

Street: _____ Suburb: _____

Home Phone:

Area Code: (0) Number: _____ Area Code: (0) Number: _____

Work Phone:

Area Code: (0) Number: _____

To the Manager

Name of Bank: _____ Branch: _____

Address: _____ Name of Account: _____

☐ This is a new authority, OR ☐ As from _____ (first payment date), this authority replaces existing authorities for \$ _____ in favour of the same payee.

On behalf of (name if other than payer):

[illegible]

Account details

Bank	Branch Number	Account Number	Suffix

If your suffix has only 2 digits please insert a zero in the first box.

Details to appear in my/our bank statement (to be completed by customer).

Particulars	Code	Reference
SPARK		

First Payment Date: ____/____/20____ Last Payment Date: ____/____/20____ OR ☐ Until further notice (please tick)

Tick frequency box: ☐ Weekly ☐ Fortnightly ☐ Four Weekly ☐ Monthly Specify other period: _____

Fixed amount

Amount: \$ _____ Amount in words: _____

Pay to the credit of:	SPARK NEW ZEALAND LTD	Payee's account number:	01-1820-0000123-000
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Details to appear in payee's bank statement (to be completed by Customer)

Particulars	Code	Reference

Customer's name (12 letters maximum) Customer's phone number Customer's Sparkaccount number

CONDITIONS - I/We understand and accept that the bank accepts this authority only upon the following conditions.

1. The Bank will endeavour 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 late payment 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 the 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/ourselves and the Bank in relation to my/our account.
2. The Bank may in its 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. This authority may be terminated or reduced without notice to me/us in respect of the payment detailed above by the Bank or the Payee.
4. This order will remain in full force and effect in respect of all payment made in good faith notwithstanding my/our death or bankruptcy or any revocation of this order until notice of my/our death, bankruptcy or such revocation is received by the Bank
5. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

(Customer's signature)

(Contact phone number)

(Date)

(Customer's signature)

(Contact phone number)

(Date)

FOR BANK USE ONLY

Date Received:

Recorded By:

Checked By:

Bank Stamp: