kiwibank

Automatic payment authority

Kiwibank Limited, Private Bag 39888, Wellington 5045

This form is a:

[X] New authority

[ ] Change to an existing automatic payment to the same payee. If so, the first new payment is to be on / / 20

[ ] Cancellation of an existing automatic payment. If you're using this option, please complete only the details marked with the asterisk (*)

***Your Kiwibank account number**

3 8 9

Your name (account name)

On behalf of (name, if other than you)

What would you like to show on your statement?

Particulars

Code

Reference

First payment date

D D M M 2 0 Y Y Y Y

***Last payment date**

D D M M 2 0 Y Y Y Y

Or until further notice

(Tick)

What payment frequency would you like?

Weekly | Fortnightly | Monthly | Four weekly | One off | Other – please specify

How much do you want to pay?

*Regular amount

First payment amount (if different)

Last payment amount (if different)

Pay to

Bank: 12

Branch: 3233

Account number: 04582227

Suffix: 001

***Who are your payments to? (name of payee)**

AL-IKHLAS TRUST

Details to appear on their statement

Particulars

Code

Reference: DONATION

Kiwibank stamp

Please make this automatic payment as detailed by withdrawing funds from my/our account. I/We have been provided with, understand and accept Kiwibank's General Terms and Conditions for personal banking, if you're a personal banking customer or General Terms and Conditions for business banking, if you're a business banking customer and the terms and conditions listed on the back of this authority.

* Your signature

* Joint signature

Date: / /20

Daytime contact phone number: ( )

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