Vodafone fixed line and broadband

Automatic payment form

vodafone

Payer details

Name of your bank _____

Your branch _____

Contact number _____

Authority for automatic payments

(Not to operate as an assignment or an agreement.)

Important please tick

☐ This is a new authority, or

☐ As from _____ (first authority date) this authority replaces authorities for $_____ in favour of the same payee.

Your account details

Details of the bank account from which you want to pay your Vodafone fixed line and broadband monthly bill.

Name of account _____ on behalf of (name if other than payer) _____

Bank account number ☐☐ (Bank) ☐☐☐☐ (Branch) ☐☐☐☐☐☐☐ (Account number) ☐☐☐ (Suffix)

Information to appear on my/our bank statement

V	O	D	A	F	O	N	E	F	X	D	

Payer particulars

Payer code

Payer reference

Frequency and amount

First payment date _____ Last payment date _____ OR until further notice

Choose ONE ☐ Weekly ☐ Fortnightly ☐ Four weekly ☐ Monthly Specify other period _____

Fixed amount ☐ Amount $_____ Amount in words _____

Variable amount Variable first amount $_____ Variable last amount $_____ Amount in words _____

Payee details

Pay to the credit of **ANZ** Branch **Queen & Victoria Streets, Auckland** Name of account **Vodafone fixed line & broadband**

Bank account number **0 1** (Bank) **0 1 0 2** (Branch) **0 1 0 8 3 3 8** (Account number) **0 0 1** (Suffix)

Your Vodafone fixed line and broadband customer number ☐☐☐☐☐☐☐

This is **up to** a 7 digit number located at the top of your **Vodafone fixed line and broadband bill** and identifies your account to us

Authorisation

Please make this automatic payment as detailed by debited my/our account.
I/ We understand and accept that the bank accepts this authority only on the conditions below

Name of Account (customer to complete) _____ Date _____

Authorised signature _____

Authorised signature _____

Conditions of this authority

1. The bank will use reasonable care and skill to give effect to the directions given to it by this authority.
2. Where the directions given in this authority have been given by me/us for the purposes of a business, the bank accepts those directions without responsibility or liability for any refusal or omission to make payment or for any omission to follow such directions.
3. The bank accepts no resonsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I/ We undertake to advise the bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the bank in relation to my/our account.
6. The bank may in its absolute discretion conclusively determine the order of priority of payment by it of any monies 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.
7. The bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account.
8. This authority may be terminated or reduced by the bank or the payee without notice to me/us in respect of the payments detailed overleaf.
9. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this authority until notice or my/ our death or bankruptcy or other revocation is received by the bank.
10. All current bank and Goverment charges for this service in force from time to time are to be debited to my/our accounts.

Bank use only

Date received _____

Recorded by _____

Checked by _____

Bank stamp

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