NZ TRANSPORT AGENCY
WAKA KOTAHI

NZTA CUSTOMER NO:_____

IMPORTANT!

PLEASE ENCLOSE BANK DEPOSIT SLIP FOR ACCOUNT VERIFICATION AND RETURN TO THE NZ TRANSPORT AGENCY

ACCOUNT INFORMATION

Name of Account

Customer (Acceptor) to complete bank/branch number and account number and suffix of account to be debited.

Bank Branch Number | Account Number | Suffix

AUTHORITY TO ACCEPT DIRECT DEBITS

(not to operate as an assignment or agreement)

Authorisation Code 0 3 0 5 1 0 4

(User Number)

TO: The Manager

Bank Name

Address (PO Box)

Town/City

Date DD / MM / YYYY

I/We authorise you until further notice in writing to debit my/our account with you all amounts which -

NEW ZEALAND TRANSPORT AGENCY (hereinafter referred to as the Initiator)

the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Payer Particulars

Payer Code

Payer Reference

Name of Account (Customer to complete)

Authorised Signatures

SIGNATURE

SIGNATURE

APPROVED

0510

10/10

FOR BANK USE ONLY

Date Received	Recorded By	Checked By

Original - Retain at Branch

Copy - Forward to Initiator if requested

BANK STAMP