

## Freephone 0800 300 400

To The Manager  PAYER DETAILS		AUTOMATIC PA	AUTHORITY FOR AUTOMATIC PAYMENTS (not to operate as an assignment or an agreement)				
Name of Bank		IMPORTANT PLE	ASF TICK				
Branch		This is a new authority	2.02 11010				
Address		OR  As from/ (first payr this authority replaces existing \$ in favour of the	authorities for				
ACCOUNT DETAILS	On behalf of: (Name if other than Payer)						
Bank Branch Number Acco	unt Number Suffix						
Details to appear on my / our Banl	Statement						
FREQUENCY OF AMOUN	Г						
First Payment Date	Last Payment Date	or until further notice (tick)					
Fixed Amount	Amount \$	Amount in Words					
PAYEE DETAILS Pay to the credit of: Name of Bank  WESTPAC		anch 318 LAMBTON QUAY					
Name of Account  GENESIS		Account Details Bank Branch Number  030502  0244320	Suffix 000				
Customer Name	Name of Account  ENER	Reference  Customer Account Number	r				
AUTHORISATION Please make this automatic payme	nt as detailed by debiting my / our ac	ecount.					
Name of Personal or Business Acc	count (Customer to Complete)		_				
Customer's Signature Contact Telephon		lephone Number	Date/				
Customer's Signature	Contact Te	lephone Number	Date/				

Please complete this	is section if payments are	to be made	by bank ch	neque:			
Cheque payable to:							
Please send the cheque	to this address:						
Thease send the cheque	to this address.						
Text to accompany paym	nent should read:						
CONDITIONS							
	asonable care and skill to give else given in this authority have bee					e Bank accep	ts those directions
	bility or liability for any refusal or						
The Bank accepts no	responsibility or liability for the						
This authority is subj	dvise the Bank immediately of ar ect to any arrangement now or h	nereafter subsis	sting between	myself/ourse	elves and th	he Bank in rela	ation to my/our account.
	absolute discretion conclusively which I/we may now or hereafter					ny monies pur	suant to this or any other
The Bank may in its available in my/our a	absolute discretion refuse to ma ccount.	ke one or more	payments pu	rsuant to this	s authority v	where there a	re insufficient funds
This authority may be	e terminated or reduced by the E main in force and effect in respec						
other revocation of t	his authority until notice of my/ornment charges for this service	ur death or bar	kruptcy or oth	er revocatio	n is receive	ed by the Banl	
All current and Gove	mment charges for this service	in force from tir	ne to time are	to be debite	ea to my/ot	ur account.	
ALTERATION TO RE	GULAR AMOUNT						
Please alter the regular a	amount of this automatic paymer	nt					
As from	New regular paym	ent amount	Amount in	Words		Customer	's Signature
/ /	\$						
As from	New regular paym	ent amount	Amount in	Words		Customer	's Signature
/ /	\$	\$					
FOR BANK USE ON	ILY						
Date Received:	Recorded By:	Checke	Checked By:				
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