Urban Rooms
Automatic Payment Form

Simply fill in your details and take to your bank

This is a NEW Authority Yes

Your details

Name of Bank _____

Branch _____

Address _____

Name of Account _____

Your bank account details

Details of the bank account from which you want to pay your urban rooms account

Account Number												
	Bank		*Branch*				*Account number*							*Suffix*		

Information to appear or my / our bank statement

Payer particulars	U	r	b	a	n		R	o	o	m	s	
Payer code	R	e	n	t								
Payer reference												

Frequency and amount

Fixed amount $ _____ Weekly Y Fortnightly _____ Monthly _____

..First payment date / / Until further notice Y (Or last payment date / /)

Payee Details

Name of Bank BNZ Bank

Branch Riccarton Rd, Christchurch

Name of Account	U	r	b	a	n		R	o	o	m	s		L	t	d					
Account Number	0	2		0	8	2	0		0	0	3	2	9	8	0		0	0	0	
	Bank			*Branch*					*Account number*								*Suffix*			

Information to appear or payee's bank statement

Payer particulars													*Use Customer Number*
Payer code													*Use First Name*
Payer reference													*Use Last Name*

AUTHORISATION

1. Please make this automatic payment by debiting my/our account.
2. I/we understand and accept that the Bank accepts this authority only on the conditions attached.

Signature _____ Date / /

For Bank Use Only

Date Received _____

Recorded By _____

Checked By _____

Bank Stamp

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