Automatic Payment Authority

Please complete this form and send it to your bank.

To _____

(YOUR BANK'S NAME - BLOCK CAPITALS PLEASE)

_____

(YOUR BANK'S POSTAL ADDRESS - BLOCK CAPITALS PLEASE)

_____

Account Details

(YOUR BANK'S ACCOUNT NUMBER)

Please pay to: **ANZ Bank**

For the credit of: **The Parish of St Heliers of the Diocese of Auckland**

Account Number: **01 0262 0010639 000**

To commence on: _____

(DATE OF FIRST PAYMENT)

The sum of: $ _____

Frequency of Payment: Weekly / Monthly/ Quarterly

(PLEASE CIRCLE ONE)

Information to appear on St Philip's Bank Statement

AP OFFERTORY

(PLEASE ENTER YOUR NAME IN THE ABOVE BOXES)

Information to appear on my Bank Statement

Your Name: _____

Address: _____

_____

Signature: _____ Dated: _____