

# Authority for Clutha Vets Payments



**Your name** - as it appears on your Clutha Vets Account

Account Name	Clutha Vets Account Number
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☒ Full balance of current statement on "Payment Due Date" – the 20<sup>th</sup> of each month

**Your name** - as it appears on your bank statement

First	Last
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Authority to accept direct debits  
(Not to operate as an assignment or  
agreement)

Authorisation code

0 2 0 6 4 0 6

**Bank account** from which payments are to be made

Bank		Branch				Account number						Suffix		

**To the manager**

Bank

Branch

Town

I/We authorise you until further notice, to debit my/our account with all amounts which CLUTHA VETERINARY ASSOCIATION INC. (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

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(Last Name)

Payer Code

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(Clutha Vets Account Number)

Payer Reference

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Authorised signature

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Authorised signature

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Date

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**For bank use only**

Approved 0640	
05	11

Date received:

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Recorded by:

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Checked by:

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Bank Stamp

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