

Urban Rooms Automatic Payment Form Simply fill in your details and take to your bank

This is a NEW Authority Yes

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Your details															
Name of Bank															
Branch															
Address														_	
Name of Account															
Your bank accou	nt	de	tails	5	Details	of the	bank a	ccount	from wh	nich you	ı want t	o pay	your u	irban rooms account	
Account Number															
	Ва	nk		Br	anch			Acc	ount nui	mber		S	uffix		
Information to a	ppe	ar c	or my	/ our	bank	state	ment								
Payer particulars	U	ı	r	b	а	n		R	0	0	m	S			
Payer code	R		е	n	t										
Payer reference															
Frequency and a	то	our	1t												
Fixed amount	\$			W	Weekly Y			Fortnightly			Monthly				
First payment date	e / / Until further notice									Y (Or last payment date / /)					
Payee Details															
Name of Bank	ΒN	NZ I	Bank												
Branch	Branch Riccarton Rd, Christchurch														
Name of Account	U	r	b a	a n	R	0	o m	S	L	t d					
Account Number	0	2		0 8	2	0	0	0 3	2 9	8	0	0	0 ()	
	Ва		J L		anch				ount nui				uffix		
Information to a	ppe	ar c	or pay	yee's l	bank s	taten	nent								
Payer particulars														Use Customer Number	
Payer code														Use First Name	
Payer reference														Use Last Name	
AUTHORISATION										For	For Bank Use Only				
1. Please make this automatic payment by debiting my/our account.											Date Received				
I/we understand and accept that the Bank accepts this authority only on the conditions attached.										Recorded By Checked By					
											CHEC	incu D)	′ —		
Signature					Date	2	/	/			Bank	Stamp)		