

Moving money where it's needed

Payment Mandate NEW ZEALAND for payment in NZD / USD

PLEASE INDICATE WHETHER THIS IS A NEW INSTRUCTION OR AN AMENDMENT TO EXISTING ACCOUNT DETAILS

Application for payment by direct deposit into a bank account

NEW [✓]	AMENDMENT [✓]			
	ITAL LETTERS. Complete a 2. Your bank will help you			
•	d a cheque account, pleas	e attach a cheque, clea	arly marked 'cancelled'	, to this form.
		PART 1		
Your Name:				
	Forename(s)		Surname	
Your Reference Num	nber if you have one:	FI2/	Date of Birth:	
		PART 2		
Name of Bank or Fin	ancial Institution:			
Name of Branch of Bank or Financial Institution:				
Full Address of Bank	or Financial Institution:	:		
Bank Code:	Branch Code:			
Account Number:]		
SWIFT Code:				
Account Type Suffix:				
The Account is in the	Name(s) of:			
	PART 3	Please sign below		
Please pay my pension payments by direct deposit to the account noted above:				
Signature:			Date:	
	FOR	OFFICE USE ONLY		
Created (✓): Ame	ended (✔):	Inputter:	Date:	
Other (specify):		Authoriser:	Date:	