

Request for Payment to Third Party

Please print, sign and return this document to us via email:

Email: Wellington@rabobank.com

The Account Owner named below requests that Rabobank New Zealand Limited makes the following payment(s) to the named Payees as specified below.

Payment Details

Account Owner name	Date of Payment
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

From Account

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Transaction Fee will apply to each Third Party payment.
 Find the Standard Fee Schedule at www.rabobank.co.nz

Disbursement/Payee Details

1. Payee name	Amount in figures	Amount in words
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Payee account				Part:	<input type="text"/>
Bank	Branch account	Number	Suffix	Code:	<input type="text"/>
<input type="text"/>	- <input type="text"/>	- <input type="text"/>	- <input type="text"/>	Ref:	<input type="text"/>
<small>Bank Use Only – FT Number</small>					<input type="text"/>

2. Payee name	Amount in figures	Amount in words
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Payee account				Part:	<input type="text"/>
Bank	Branch account	Number	Suffix	Code:	<input type="text"/>
<input type="text"/>	- <input type="text"/>	- <input type="text"/>	- <input type="text"/>	Ref:	<input type="text"/>
<small>Bank Use Only – FT Number</small>					<input type="text"/>

3. Payee name	Amount in figures	Amount in words
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Payee account				Part:	<input type="text"/>
Bank	Branch account	Number	Suffix	Code:	<input type="text"/>
<input type="text"/>	- <input type="text"/>	- <input type="text"/>	- <input type="text"/>	Ref:	<input type="text"/>
<small>Bank Use Only – FT Number</small>					<input type="text"/>

Authorisation and Acknowledgement

- I/we confirm that the Payee details listed in the form are true and correct;
- I/we authorise Rabobank New Zealand Limited to make the third party payments in accordance with the details set out in this form, and I/we confirm that I/we have authority to instruct Rabobank New Zealand Limited to make the payment(s) recorded on this form;
- I/we acknowledge that each third party payment will incur a fee in accordance with the Rabobank New Zealand Limited Fee Schedule, available at www.rabobank.co.nz; and
- I/we represent and warrant that no Event of Default is subsisting or will result for the third party payment(s) requested in this form.

Signature of Authorised Signatory
 (Form must be signed in accordance with the Account Operating Authority)

Authorised Signatory name	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Signature of Authorised Signatory
 (Form must be signed in accordance with the Account Operating Authority)

Authorised Signatory name	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Branch use only

Manager/Analyst	Branch	Date	Signatures verified
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

<input type="checkbox"/> Third Party - Security Call Back	Name	Phone	Time
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>