



Provida Foods Limited
 27 Sheffield Street
 P O Box 20115, Te Rapa

Phone: 07-8492-800
 Fax: 07-8494-633

PROVIDA FOODS CUSTOMER NUMBER:

NAME OF ACCOUNT:

CUSTOMER (Acceptor) TO COMPLETE BANK / BRANCH NUMBER & ACCOUNT NUMBER & SUFFIX OF ACCOUNT TO BE DEBITED

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch Number	Account Number	Suffix								

AUTHORITY TO ACCEPT DIRECT DEBITS (Not to operate as an assignment or agreement)

Authorisation Code

0	3	1	0	4	9	1
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 (User Number)

TO: The Manager, (Please Print Full Postal Address Clearly for Window envelope)

BANK	
BRANCH	
ADDRESS (PO BOX)	
TOWN/CITY	

Date: _____

I/We authorise you until further notice in writing to debit my/our account with you all amounts which -

Provida Foods Limited

(hereinafter referred to as the Initiator)

the registered Initiator of the Above 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 (TO BE COMPLETED BY INITIATOR).

Payer Particulars	Payer Code	Payer Reference
<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF ACCOUNT - CUSTOMER TO COMPLETE

AUTHORISED SIGNATURE(S)

<p>APPROVED</p> <p><u>1 0 4 9</u></p> <p>0 8 / 0 3</p>	<p>FOR BANK USE ONLY:</p> <table border="1"> <tr> <td>Date Received:</td> <td>Recorded By:</td> <td>Checked By:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Original Copy Retain at Branch Forward to initiator if requested</p>	Date Received:	Recorded By:	Checked By:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>BANK STAMP</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
Date Received:	Recorded By:	Checked By:						
<input type="text"/>	<input type="text"/>	<input type="text"/>						