



voyager.

To pay your Actrix account by Automatic Payment simply fill in the form below and send it to your bank.

### YOUR BANK ACCOUNT DETAILS

Please enter the details of the Bank Account you wish to use to pay your Actrix Account.

Bank Account Holders Name: \_\_\_\_\_

Bank Account From Which Payments Are To Be Made:

Bank

Branch

Account Number

Suffix

To: The Bank Manager

Bank Name: \_\_\_\_\_

Town / City: \_\_\_\_\_

Branch: \_\_\_\_\_

Important: Please Tick

☒

New Authority

☐

\_\_\_\_/\_\_\_\_/\_\_\_\_

As from this date,  
this authority  
replaces existing  
authorities for  
\$\_\_\_\_\_ in favour of  
the same payee

### INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

PAYER PARTICULARS

PAYER CODE

PAYER REFERENCE

### FREQUENCY AND AMOUNT OF AUTOMATIC PAYMENT

Payment Details:

First Payment Date

DAY

MONTH

YEAR

Last Payment Date

DAY

MONTH

YEAR

Until Further Notice

☐

FREQUENCY OF PAYMENT

Weekly

☐

Monthly

☒

Fortnightly

☐

Quarterly

☐

Amount of Payment:

Amount in Words:

Complete if Applicable:

Variable First Amount

☐

Amount of Payment:

\$

Variable Last Amount

☐

Amount in Words:

### PAYEE DETAILS

Pay to the credit of:

ASB BANK

Name of Bank

Central North Island

Branch

Voyager Internet Limited

Name of Account

1 2

BANK

3 1 2 3

BRANCH

0 0 0 8 8 0 7

ACCOUNT NUMBER

0 0 0

SUFFIX

### INFORMATION TO APPEAR ON ACTRIX'S BANK STATEMENT

ACTRIX USERNAME

ACTRIX CUSTOMER ACCOUNT NUMBER

PAYER REFERENCE

### SIGN HERE

Authorised Signature: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### BANK USE ONLY

A/P No.

Type

Charge

Bank Int

Non Std Com.

Bulk/GA Code

Freq O/ride