## **CITI MANDATE: (NEW ZEALAND)**

## Application for payment by direct deposit.

TICK AS APPROPRIA	THE TYPE OF CURRENCY USED BY			
NEW		AMENDMENT		YOUR ACCOUNT
HOW TO FILL IN TI Please read the leafl Fill in Parts 1 and 2. Sign Part 3. The Company remitt				
PART 1 Your Name: Forena	ıme(s)		Surname	
Your Address:				
Your Reference Num	ber:	Sch	eme:	
PART 2 Full Name of Bank or	Financial	Institution		
Full Address of Bank	or Financ	ial Institution:		

Name of Account Holder

Account number							
0							

Account type suffix 0

## Bank Identification Code (Swift BIC)

PART 3. Please read and sign below.

I have read and understood the leaflet which accompanied this form and wish the payment to be paid by direct deposit to the account noted above. I have also enclosed a letter as required from my bank.

Signature

**IMPORTANT** 

PLEASE CONFIRM