## 

#### AUTHORITY FOR DIRECT CREDIT PAYMENT

# CONTRACTOR DETAILS:

|  |  |
| --- | --- |
| Legal Trading Name: |  |
| **Address:** |  |
|  |  |
| **Contact Person:** |  |
| **Telephone number:** | **Fax number:** |
| **Email Address:** |  |

AUTHORITY FOR DIRECT CREDIT PAYMENT: (to be completed by an Authorised Representative of the Contractor)

I, ­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in my capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(insert full name in block capital letters) (insert job title / position)**

**being a duly Authorised Representative of the above business / company ( the Contractor) hereby authorise Ministry of Foreign Affairs and Trade, New Zealand (MFAT) to direct credit payments for goods and/or services supplied to the following account:**

|  |  |
| --- | --- |
| **Account Number: (maximum 16 characters)** |  |
| **Currency the account is held in:** | **NZ$ / AUD$ / US$ / GBP£ / other (please state)** |
| **Account Name:** |  |
| **Bank Name:** | NZAID |
| **Bank Branch, address and country:** |  |
| **Swift Code/GBP: Sort Code/USD: ABA Code: (maximum 11 characters)** |  |

###### Signature of Authorised Representative: When completed please return this signed

###### Authority in the envelope provided to:

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(signature) IDG Payments Officer**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ministry of Foreign Affairs & Trade**

**(date) Private Bag 18-901**

MFAT use only. CT Ref:

**Wellington**

**Conditions of this Authority: New Zealand**

1. MFAT has the right to accept this Authority signed by the Authorised Representative as conclusive evidence of that person's authority to execute this agreement on behalf of the Contractor. MFAT is under no obligation to verify the authority of the Authorised Representative or the veracity of the bank account details.
2. MFAT will use all reasonable measures to hold this information as confidential and access to it and use of it is for the purpose of making payments to the Contractor following the provision of goods or services and ensure compliance with relevant internal processes and legislative requirements. Both the Contractor and the Authorised Representative acknowledge that MFAT may disclose this information pursuant to the Official Information Act, the Privacy Act, in the course of examination by the Audit Office, or where it is required to do so by law.
3. Payment will be deemed to have been made to the Contractor when MFAT has instructed its bank to credit the Contractor’s above Bank Account. MFAT will not be responsible for any delays in payment or errors due to factors outside its reasonable control including, but not limited to, delays or errors in the banking system.
4. The Contractor acknowledges that MFAT, by accepting this authority, does not promise to remit payments by direct credit to the Contractor but may do so if it should choose to do so.
5. The Contractor undertakes to advise MFAT in writing of any changes relating to the above particulars. Upon receipt of such notification MFAT shall process all payments in accordance with the amended details provided.
6. The Contractor warrants:
7. that the bank account details provided are correct
8. that the signatory is a duly Authorised Representative of the Contractor
9. the above bank account is held by the Contractor and conforms to all applicable laws
10. The Authorised Representative, in his / her own right, warrants:

a. the banking details provided are correct

* 1. that he / she has the authority to bind the Contractor to the conditions of this authority.

8. Both the Contractor and the Authorised Representative jointly and severally indemnify MFAT in relation to any loss or damage (including consequent loss), which MFAT may suffer due to any breach of the above warranties.