

# Request for Payment

Talk to the world's leading food and agribusiness bank

The below named "Client" requests that Rabobank New Zealand Limited makes a payment in accordance with the details set out in the "Disbursement/Payee Details" section of this form on the "Payment effective date" specified below.

Client name  Payment effective date

From Account  -  -  -  Fee to apply to each transaction

## Disbursement/Payee Details

1. Payee name  Amount in figures  Amount in words

Payee account  
 Bank  Branch account  Number  Suffix

Part:

Code:

Ref:

Bank Use Only – FT Number

2. Payee name  Amount in figures  Amount in words

Payee account  
 Bank  Branch account  Number  Suffix

Part:

Code:

Ref:

Bank Use Only – FT Number

3. Payee name  Amount in figures  Amount in words

Payee account  
 Bank  Branch account  Number  Suffix

Part:

Code:

Ref:

Bank Use Only – FT Number

### Signature of Authorised Signatory

(Form must be signed in accordance with the Account Operating Authority)

Authorised Signatory name  Date

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(Form must be signed in accordance with the Account Operating Authority)

Authorised Signatory name  Date

Branch use only

Manager/Analyst <input type="text"/>	Branch <input type="text"/>	Date <input type="text"/>	Client signatures verified <input type="text"/>
<input type="checkbox"/> Third Party - Security Call Back	Name <input type="text"/>	Phone <input type="text"/>	Time <input type="text"/>