

**C: Pay to**

Pay to:

**VIVIAN PHARMACY LTD** Bank: Westpac Trust Branch: New Plymouth

Pay to: 03 0713 0274554 00

Details to appear on their bank statements

Client name Pharmacy account number

Client name

Pharmacy account number

**D: Authorisation**

- 1. Please make this automatic payment as detailed by debiting my/our account.
- 2. I/We understand and accept that the Bank accepts this authority only on your banks conditions. Please see your bank for their terms and conditions.

Customers signature

Signature box

Contact phone number

Contact phone number box

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

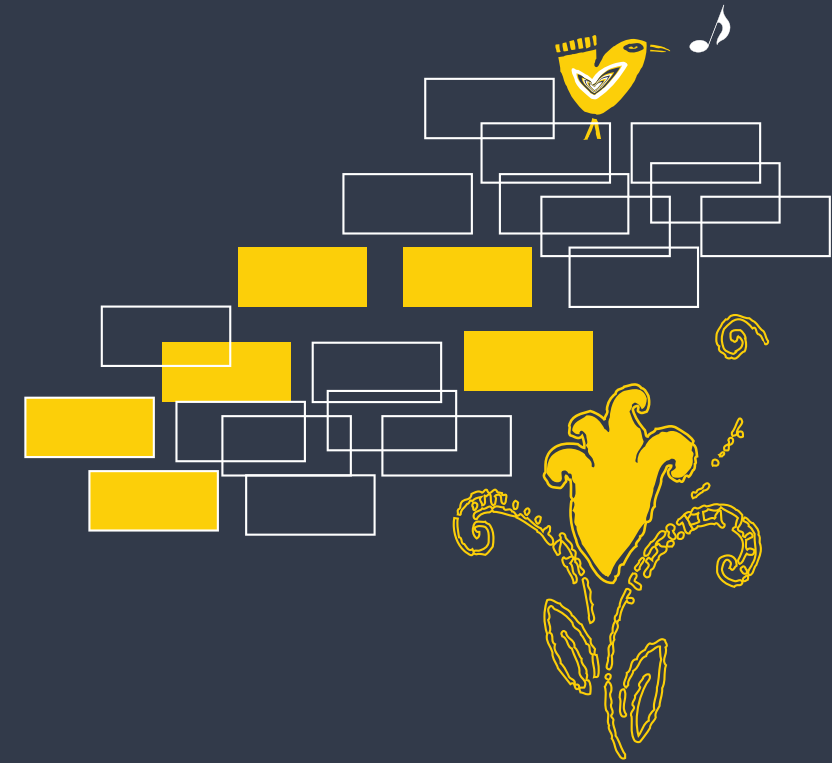
Customers signature

Signature box

Contact phone number

Contact phone number box

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



95 Vivian Street, New Plymouth  
Phone: 06-758 8263, Fax: 06-758 4895  
info@vivianpharmacy.co.nz  
www.vivianpharmacy.co.nz



## The Vivian Pharmacy mission statement is:

*"To offer health advice, drug information, and awesome customer service in a pleasant and friendly environment and to provide an accurate, efficient and professional pharmacy service."*

Vivian Pharmacy is a busy medical centre pharmacy providing a caring and professional pharmacy service to the people of Taranaki and beyond.

We have a range of pharmacy products for treating minor medical ailments, a private consultation area on site as well as fully trained professionals to offer advice on all matters of pharmaceutical care.

Our aim is to enhance the health and wellbeing of all of our customers.

Browse through our website for more information on our comprehensive service, particularly our newest service, THE MEDICINE SACHET SYSTEM, unique to Taranaki.

Our extended opening hours and on site parking allow easy access for your convenience and we also offer a weekday delivery service throughout New Plymouth and Bell Block.

### OPEN HOURS

Monday to Friday - 8.30am to 8.00pm

Saturday, Sunday & Public Holidays - 9.00am to 7.00pm

We have a pharmacist in the pharmacy at all times.

We employ qualified technicians and a charge pharmacist always supervises our dispensing services. Please ask if you would like to discuss your medicines with our pharmacist and a private consulting room is available if required.

Our pharmacists registration certificates are displayed on the walls of the dispensary.

For urgent medical attention after hours please contact:

PHOENIX DOCTORS

ACCIDENT AND MEDICAL CLINIC

95 VIVIAN STREET

PHONE 759 4295

## Vivian Pharmacy Payment Plan

Do you find it difficult to budget ?

Is there never any money left at the end of your week?

Would you like to have a little bit of money put aside to cover important items such as medicine and prescription charges?

Well, this idea could be **perfect** for you!

At Vivian Pharmacy, we want to provide you with an opportunity to put away as little as \$2.00 per week so that you will have money available at our pharmacy when you require an unexpected prescription or pharmacy purchase.

The benefits of having an account with credit at our Pharmacy are huge:

- For you there is peace-of-mind that money is available for emergencies
- We are open seven days a week
- We have long opening hours
- We offer professional advice
- Our service is fast and efficient
- We are friendly, approachable and confidential

Of course if you prefer to pay more than \$2.00 a week then the decision is entirely yours. It allows you more freedom and the confidence that you have enough money to pay for emergencies that arise.

## Authority for Automatic Payments

(Not to operate as an assignment or an agreement)

To the Manager

Your branch \_\_\_\_\_

Please tick on, and complete ALL sections

- new automatic payment, OR  
 change an existing automatic payment.

The current amount being paid is \$

### A: Pay from

Pay from

Details to appear on my/our bank statements

### B: Payment details

Regular payment amount \$ \_\_\_\_\_

First payment amount if different from regular amount \$ \_\_\_\_\_

OR

Last variable payment amount if different

from regular amount \$ \_\_\_\_\_

Frequency (please tick one)

- Weekly     Fortnightly     Monthly  
 4-weekly     6-monthly     Yearly

First payment date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last payment date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

OR

- Until further notice (please tick)

