

Supporter details

Title:	First name:	
Last name:		
Address:		
Suburb:	City:	
Day phone:	Evening phone:	Mobile:
Email:		

Automatic Payment from your credit card

Donation amount: \$ Monthly Quarterly 6-Monthly Annually

Visa / Mastercard / Amex / Diners

Expiry Date: / Signature:

Automatic payment from your bank account

Name of bank:	<input type="checkbox"/> This is a new authority Or As from <input type="text"/> (first payment date) this authority replaces existing authorities for \$ <input type="text"/> in favour of the same payee.
Branch:	
Address:	
Name of account:	

Account details

Bank	Branch number	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details to appear on my/our bank statement

S T A R L I G H T	C I R C L E	T H A N K	Y O U
Particulars	Code	Reference	

Donation amount and frequency

Fixed amount: \$ Fortnightly Monthly Quarterly Other:

Amount in words:

First payment date: / / Until further notice or Last payment date: / /

Variable first amount Amount in words:
 Variable last amount

Important!

Please turn over for signing authority...

Continued... Automatic Payment from your bank account

Payee details

Pay to the credit of:

Name of bank

Branch

ANZ

KILBIRNIE

Account Details

Name of account

Bank

Branch number

Account number

Suffix

M A R Y P O T T E R H O S P I C E 0 1 0 5 3 7 0 0 2 0 9 0 9 0 0 5

Details to appear on Payee bank statement

S T A R L I G H T C I R C L E

Particulars

Code

Reference

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 the conditions below.

Signature



I am over 18 years of age

Please return this completed form to: Mary Potter Hospice, Freepost 3053, PO Box 7442, Newtown, Wellington 6242 or donations@marypotter.org.nz

Conditions

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
2. Where the directions given in this authority have been given by me / us for the purposes of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow such directions.
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I / We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself / ourselves and the Bank in relation to my/our account.
6. The Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any monies pursuant to this or any other authority or cheque which I / we may now or hereafter give to the Bank or draw on my / our account.
7. The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority when there are insufficient funds available in my / our account.
8. This authority may be terminated or reduced by the Bank or the payee without notice to me / us in respect of the payments detailed above.
9. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my / our death or bankruptcy or any revocation of this authority until notice of my / our death or bankruptcy or other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my / our account.