*Yes, I would like to be a community supporter of Arohanui Hospice*

# AUTHORITY FOR AUTOMATIC PAYMENTS

## YOUR DETAILS

First Name | Surname

Address

Phone | Email

**BANK USE**
Date received: / /
Recorded by:
Checked by:

## ACCOUNT DETAILS

Name of Bank

Branch

Name of Account

**AUTHORITY FOR AUTOMATIC PAYMENTS**
(not to operate as an assignment or an agreement)

**IMPORTANT—PLEASE TICK**

☐ This is a new authority
OR
☐ As from ____/____/____ (first payment date) this automatic payment replaces existing automatic payments of $ _____ to Arohanui Hospice

Bank | Branch Number | Account Number | Suffix | On behalf of: (Name if other than payer)

Details to appear on my/our bank statement

Particulars | Code: **AROHANUIHOSP** | Reference: **THANK YOU**

## GIFT DETAILS

### Frequency and Amount

First Payment Date (please allow 14 days from today's date) / /

Until further notice (please tick) ☐

**OR**

Last payment date / /

Frequency: ☐ Fortnightly ☐ Monthly ☐ Other (please specify) _____

Amount $

Amount in Words

## AROHANUI HOSPICE DETAILS

Pay to the credit of:

Bank: **ASB** | Branch: **PLAZA, PALMERSTON NORTH**

Name of account: **AROHANUI HOSPICE FOUNDATION**

Bank: **1 2** | Branch Number: **3 2 1 1** | Account Number: **0 0 3 3 3 1 6** | Suffix: **0 0**

Details to appear on payee's bank statement

Particulars: **REGULAR GIVER** | 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 overleaf.

SIGNATURE _____ CONTACT PHONE NUMBER _____ DATE _____

SIGNATURE _____ CONTACT PHONE NUMBER _____ DATE _____

PLEASE RETURN THIS FORM TO AROHANUI HOSPICE, PO BOX 5349, TERRACE END, PALMERSTON NORTH

*Yes, I would like to be a community supporter of Arohanui Hospice*

# AUTHORITY FOR CREDIT CARD PAYMENTS

## DONOR CONTACT DETAILS

First Name Surname

Address

Phone Email

Amount: _____ Amount in words: _____

Frequency: ☐ Fortnightly ☐ Monthly ☐ Other (please specify) _____

**PLEASE CHARGE MY GIFT TO MY CREDIT CARD** (processed on the 15th of the month until further notice)

**NOTE:** Complete this section ONLY if you wish to pay your gift by recurrent Credit Card transaction

Visa/Mastercard ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry ☐☐/☐☐

Cardholder's name _____ Signature _____ Date _____

Please tick if you would like your receipt emailed: ☐

## TERMS & 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 purpose 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 existing now or hereafter 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 where 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 over.
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.