AUTHORITY FOR AUTOMATIC PAYMENTS

Datail

BANK USE: DATE RECIEVED:

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Bank: Branch:	Authority for Automatic Payments Not to operate as an assignment or agreement
Name of Account:	IMPORTANT - PLEASE TICK
Account Details On behalf of: (name if other than payer) BANK BRANCH ACCOUNT NUMBER SUFFIX	 This is a new authority, or As from / / (first payment date), this authority replaces existing authorities for \$ in favour of the same payee.
Details to appear on my/our bank statement: COMPASSION PARTICULARS CODE (MAX. 12 CHARACTERS)	REFERENCE (MAX. 12 CHARACTERS)
Frequency and amount	
First Payment Date Last Payment Date MONTH YEAR Date	Until Further Notice (tick)
On the 15th of each month Quarterly Yearly	
Amount: \$ Amount in words:	
Payee details	
Pay to the credit of Name of Bank: BANK OF NEW ZEALAND Branch: WELLINGTON	
MOTHERAUBER 0205 NAME OF ACCOUNT AND ACCOUNT NUMBER BANK Details to appear to payee's bank statement: BANK	0 0 0 0 1 7 4 7 4 0 0 ACCOUNT NUMBER SUFFIX
(YOUR NAME HERE) PARTICULARS CODE	REFERENCE (MAX. 12 CHARACTERS)
Authorisation	
 Please make this automatic payment as detailed by debiting my/our account. I/We understand and accept that the Bank accepts this authority only on the conditions above. 	
Name of Account (customer to complete):	
CUSTOMER'S SIGNATURE DATE MONTH YEAR	CONTACT PHONE NUMBER
CUSTOMER'S SIGNATURE DATE MONTH YEAR	

RECORDED BY:

CHECKED BY:

CONDITIONS OF THIS AUTHORITY

- 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 if 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 it absolute discretion refuse to make any one or more payments pursuant to this authority where there are ins ufficient funds available in my/our account.
- 8. This authority may be terminated or reduced by the Bank or 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.

PRIVACY POLICY

It is with the support of people like you, that the Sisters of Compassion can continue helping people in need. We would like to keep in touch with you and keep you informed about our work. We recognise the importance of your privacy and the safeguarding if your personal information. We are very careful with your details and will only use them to contact you about issues we believe will be important to you. If you do not wish to receive further communications from the Sisters of Compassion please call us on (04) 383 7769 or email info@compassion.org.nz. The Sisters of Compassion is a registered charity – Charity Number CC10312.