

# AUTHORITY TO ACCEPT DIRECT DEBITS

Merchant ID: \_\_\_\_\_



Contact Details: *Please print clearly*

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (day): \_\_\_\_\_

**This is an ongoing donation and not a one-off or limited donation**

I would like to make a donation of \$ \_\_\_\_\_  On the 20th of each month  Quarterly  Yearly

First Debit Date:          
DATE MONTH YEAR

## Credit Card Debit Request

Credit Card Type:  Visa  Mastercard

Name on Credit Card: \_\_\_\_\_

Card Number:                 Expiry date:   /

Cardholder's Signature: \_\_\_\_\_

## Authority to Accept Direct Debit

Name: \_\_\_\_\_  
(of bank account to be debited - acceptor)

Bank Account from which payments are to be made:

BANK BRANCH ACCOUNT NUMBER SUFFIX

AUTHORISATION CODE  
(not to operate as an assignment or agreement)

0	2	3	6	1	5	8
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Approved

3615	03/21
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### From the acceptor to my bank

I authorise you to debit my account with the amounts of direct debit instructions received from **Mother Aubert Home of Compassion Trust Board** (the 'initiator') with the authorisation code specified on this authority and in accordance with the authority until further notice from me.

I agree that this authority is subject to:

Authorised signature/s: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Specific conditions relating to notices and disputes

- 1) I agree that the initiator must give me at least 10 days' prior notice of each direct debit, including the first direct debit in a series.
- 2) Changes to the amounts or dates of a series of direct debits require 30 days' prior notice to me
- 3) I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
- 4) All notices must be in writing, but can be delivered electronically, if I have agreed that with the initiator.
- 5) I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
  - I didn't receive proper notice of the amount and date of the direct debit, or
  - I received a notice but the amount or date of the direct debit is different from the amount or date on the notice.
- 6) If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I understand the Initiator doesn't need to notify me again about that direct debit.

### For Bank Use Only

Original - Retain at Branch  
Copy - Forward to Initiator if requested

Date Received:	Recorded by:	Checked by:
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BANK STAMP

Please return this form to: The Sisters of Compassion, PO Box 1471, Wellington 6140 (or use FREEPOST, Authority Number 169128)  
Phone (04) 383 7769, www.compassion.org.nz

PLEASE TURN OVER

## **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 of 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](mailto:info@compassion.org.nz). The Sisters of Compassion is a registered charity – Charity Number CC10312.