

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

Information to appear on my/our bank statement:

COMPASSION **REG GIFT**
PAYER PARTICULARS PAYER CODE PAYER REFERENCE

AUTHORISATION CODE
(not to operate as an assignment or agreement)
0 2 3 6 1 5 8
Approved
3615 05/21

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:

- my bank's terms and conditions that relate to my account, and
- the terms and conditions listed below.

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:	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. The Sisters of Compassion is a registered charity – Charity Number CC10312.