

AUTOMATIC PAYMENT AUTHORITY

(Not to operate as an assignment or an agreement)

Please send this signed and completed form back to us.

If you wish to set this up yourself via internet banking, please email
admin@familyfirst.org.nz advising start date, amount and frequency of payments.



MY PERSONAL DETAILS

First Name _____

Surname _____

Postal address _____

Email _____

Day phone _____

MY ACCOUNT DETAILS

Please start this automatic payment by debiting my account:

Name of my bank _____

Bank branch _____

Name of my account _____

My account number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank

Branch

Account Number

Suffix

This is a: New payment

Existing payment

Please change existing payment no. _____ to the same account holder.

FREQUENCY AND AMOUNT

\$20 per month \$30 per month \$50 per month \$100 per month Other (Please specify amount and frequency below)

Amount \$ _____ Frequency: Weekly Fortnightly Monthly Four-weekly

First payment date DD|MM|YYYY Last payment date DD|MM|YYYY or Until further notice

Information to appear on my Statement:

F	A	M	I	L	Y	F	I	R	S	T						
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Particulars

D	O	N	A	T	I	O	N									
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Reference (Optional)

PAY TO

Please pay to **FAMILY FIRST NZ**

Account number: **12 3083 0438959 00**

Information to appear on Family First NZ's Statement:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Particulars (surname or name of company)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Code (optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Reference (optional)

AUTHORITY

CONDITIONS:

I / We understand and accept that the Bank accepts this authority only upon the conditions on the reverse of this authority.

Signature

Contact phone

DD|MM|YYYY
Date

Additional signature
(if two required)

Contact phone

DD|MM|YYYY
Date

Please post this form directly to Family First NZ, PO Box 276 133, Manukau City
THANK YOU! *Your financial support will help Family First NZ to promote the ideas and policies that will help
strengthen New Zealand Families and communities. Receipts are mailed annually.*

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 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 of 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 other 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.

FOR BANK USE ONLY

Date Received:	Recorded By:	Checked By:	Bank Stamp