

Automatic Payment Authority

(Not to operate as an assignment or an agreement)

Payer Details

Name of my/our Bank _____

Branch where my/our account is held: _____

My/our Bank Account number:

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Dear Bank Manager

Please start this new Automatic Payment by debiting my/our account. Details are:

Amount: \$ _____

Start Date:

Day	Month		Year						

Frequency: Monthly

Pay to (name):

L	I	F	E	L	I	N	E		A	U	C	K	L	A	N	D
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Pay to (Account no.)

1	2	3	0	1	1	0	7	5	5	8	1	6	0	0
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Until: Further notice

Or A final payment of \$ _____ on

Day	Month		Year				

Information to appear on Lifeline Auckland's statement:

Particulars	Code	Reference
D O N A T I O N	C H I N E S E	L I F E L I N E

Information to appear on my/our statement:

Particulars	Code	Reference
C H I N E S E	L I F E L I N E	

Conditions:

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

Name of Personal Account: Mr/Mrs/Miss/Ms: _____

Or Name of Business Account: _____

Customer's Signature: _____ Date: _____ Phone No: _____

Customer's Signature: _____ Date: _____ Phone No: _____

Bank Use Only

Form Accepted by	Signature Verified by	Details Alt/Loaded by	Checked to DBR of	____/____/____	
_____ (Signature)	_____	_____	_____	<table border="1" style="margin: auto;"><tr><td style="text-align: center; padding: 5px;">DATE STAMP</td></tr></table>	DATE STAMP
DATE STAMP					
_____ (Personnel No.)	_____	_____	_____		

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 affect 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.

Name _____

Address: _____

Phone: _____

Mobile: _____

Email: _____

Please complete both pages of the form and post to:

Chinese Lifeline
PO Box 74010
Market Road
Auckland

Phone: 09 909 8753

Email: chinese@lifeline.org.nz

Thank-you!