



Automatic Payment Authority

Thank you for helping The Wellington City Mission with your regular contribution. We value your support. Please complete both pages of this form. You will receive one receipt for the annual total of your donation at the end of each financial year. Donations of \$5 or more may qualify for a tax credit.

Name: _____

Address: _____

Email: _____

AUTHORITY FOR AUTOMATIC PAYMENTS (not to operate as assignment or an agreement)

Important — please tick This is a new authority **OR** As from ___/___/___ (first payment date)
 This authority replaces existing authorities for \$ _____ in favour of same payee

NAME OF BANK

Branch: _____

Address: _____

Name/s of Account Holder/s : _____

ACCOUNT DETAILS

On behalf of (name if other than payer)

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Bank	Branch Number	Account Number	Suffix
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

Details to appear on my/our bank statement	Code	Reference
<input style="width: 100%; border: 1px solid black; font-family: monospace; font-size: 8px;" type="text" value="WGTNCITY"/>	<input style="width: 100%; border: 1px solid black; font-family: monospace; font-size: 8px;" type="text" value="MISSION"/>	<input style="width: 100%; border: 1px solid black; font-family: monospace; font-size: 8px;" type="text"/>

FREQUENCY AND AMOUNT

First payment date ___/___/___ Last payment date ___/___/___ Until further notice
Please tick one Weekly Fortnightly Four weekly Monthly Specified other period _____

Fixed Amount \$ _____ Amount in words _____

Complete if applicable (tick one box only)

Variable first amount
 Variable last amount

Amount \$ _____ Amount in words _____

PAYEE DETAILS

Pay to the credit of:

Name of bank : **WESTPAC** Branch: **PORIRUA**

Account details

Name of Account **W G T N C I T Y M I S S I O N**

Bank Branch Number Account Number Suffix
0 3 0 5 4 7 0 2 9 6 0 3 6 0 0 7

Details to appear on my/our bank statement

Particulars Code Reference
D O N A T I O N []

AUTHORISATION

- 1. Please make this Automatic Payment by debiting my/our account.
- 2. We understand and accept that the Bank accepts this authority only on the conditions below.

Name of Account (customer to complete): _____

Customer's signature: _____ Contact telephone () _____ Date ___/___/___

Customer's signature: _____ Contact telephone () _____ Date ___/___/___

Please let us know where you would like your donation to be used:

- Where needed
- Mission for Families (early intervention and support for families to better manage their circumstances)
- Mission for Youth (a comprehensive Alternative Education programme for high-risk youth)
- Mission for Independence (guiding financially disadvantaged people towards self-management)
- Mission for Seniors (Enhancing quality of life for seniors with health, disability or social isolation issues)

Please mail your completed AP form to: The Wellington City Mission
PO Box 7200
Newtown
Wellington 6242

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 purposes 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 when 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 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.