



National Council of Women of New Zealand Te Kaunihera Wahine o Aotearoa

This automatic payment form enables you to make regular donations of a size and frequency of your choice.

Please send this completed form back to us so that we can forward it onto your bank. (If you wish to set up this auto-payment system yourself via internet banking, please advise Linda by email at lindaausten@ncwnz.org.nz with the start date, amount and frequency of payments.)

Thank you very much for your help - it is greatly appreciated!

PAYER DETAILS To the Manager	AUTHORITY FOR AUTOMATIC PAYMENTS (Not to operate as an assignment or an agreement)
Name of Bank	IMPORTANT PLEASE TICK <input type="checkbox"/> This is a new authority. OR <input type="checkbox"/> As from(First payment date), this authority replaces existing authorities for \$.....in favour of the same payee.
Branch	
Address	
Name of Account	

ACCOUNT DETAILS:

Bank	Branch number	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details to appear on my/our bank statement:

Particulars	Code	Reference
<input type="text"/>	<input type="text"/>	<input type="text"/>

FREQUENCY AND AMOUNT

First Payment Date	Last Payment Date	OR Until further notice (tick):
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Tick Box	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Four Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Specify other period
----------	---------------------------------	--------------------------------------	--------------------------------------	----------------------------------	---

Fixed Amount	Amount \$	Amount in Words
--------------	-----------	-----------------

Complete if applicable (tick one box only)

Variable First Amount	<input type="checkbox"/>	Amount \$:	Amount in Words:
Variable Last Amount	<input type="checkbox"/>	Amount \$:	Amount in Words:

PAYEE DETAILS:

Pay to the credit of:

Name of Bank

WESTPAC

Branch

318 Lambton Quay Branch, Wellington

Name of account:

N A T C O U N C I L of W O M E N

Account details:

Bank Branch number Account Number Suffix
0 3 0 5 0 2 0 1 0 0 2 2 0 0 0

Details to appear on payee's bank statement:

You have the choice of two specific areas of work you can contribute to:

- To contribute to CEDAW write: code 122 and reference CEDAW.
- To contribute to NCWNZ operational costs write the code 107 and reference Camellia.

Particulars

[Grid for Particulars]

Code

[Grid for Code]

Reference

[Grid for Reference]

AUTHORISATION:

1. Please make this automatic payment as detailed by debiting my/our account.
2. I/We understand and accept that the Bank accepts this authority only on the conditions overleaf.

NAME OF ACCOUNT:

/ / /

(Customer's Signature) (Contact Phone No.) (Date) (Customer's Signature) (Contact Phone No.) (Date)

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.

FOR BANK USE ONLY:

Date Received:	Recorded By:	Checked By:
----------------	--------------	-------------

BANK STAMP

National Council of Women of New Zealand, 10 Park Street, P O Box 12 117, Wellington

Ph 04 473 7623 Email: lindausten@ncwnz.org.nz, www.ncwnz.org.nz

**National Council of Women of New Zealand, 10 Park Street, P O Box 12 117, Wellington
Ph 04 473 7623 Email: lindausten@ncwnz.org.nz, www.ncwnz.org.nz**