

REGULAR GIVING FORM

Automatic Payment Authority for Regular Giving

Thank you for become a regular donor to The Multiple Sclerosis Society of New Zealand (Inc).

MSNZ is a registered charity (CC10861) under the Charities Act 2005.

Please complete this form and send to MSNZ, Freepost 241789, PO Box 32124, Christchurch 8147



Multiple Sclerosis
New Zealand

PAYER/DONOR DETAILS

To the Manager

Name of Bank	
Branch	
Bank Address	
Account Name	
Account No.	

PAYEE DETAILS

Pay to:

Account Name	M U L T I P L E S C L E R O S I S N E W Z E A L A N D
Account No.	0 2 0 5 0 0 0 3 5 5 6 6 8 0 0

PAYMENT DETAILS

Please set up a new authority to pay \$_____ OR Please Amend an existing authority to the same payee for \$_____

Payer Reference (to appear on my/our bank statement)

Particulars	Code	Reference

Payee Reference (to appear on their bank statement)

Payer/Donor Surname	Code	Reference
		2 1 3 / 0 0

Start/Change Date:

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Pay Until (please tick appropriately)

Further Notice OR

Final Payment Amount Of \$_____ on

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

Frequency of Payment (please tick appropriately)

Weekly Fortnightly Monthly Quarterly Other _____ (please specify)

AUTHORISATION

Please make this automatic payment as detailed by debiting my/our account.

I/We understand and accept that the Bank accepts this Authority only upon the conditions listed below.

Account Name	
Account No.	

Account Holder Signature(s)	Date	Daytime Contact Number										
X _____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											(____) _____
X _____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											(____) _____

TERMS AND CONDITONS

- The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
- 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.
- The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
- I/We undertake to advise the Bank immediately for any information about payments shown on bank statements which are incorrect.
- This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
- The Bank may in its absolute discretion conclusively determine the order or 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.
- 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.
- 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.
- 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.
- 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: _____ Signature Verified By: _____

Bank Stamp
