Automatic payment form

kaibosh FOOD RESCUE

Payer details

Name of your bank .....

Your branch .....

Contact number .....

Authority for automatic payments

(Not to operate as an assignment or an agreement.)

Important: please tick

☐ This is a new authority, or

☐ As from .....
(first authority date) this authority replaces
authorities for $ .....
in favour of the same payee.

Your account details

Details of the bank account from which you want to pay the regular donation to Kaibosh.

Name of account ..... on behalf of (name, if other than you) .....

Bank account number

Bank	Branch	Account number	Suffix

Information to appear on my/our bank statement

Payer particulars	Payer code	Payer reference
K A I B O S H		

Frequency and amount

First payment date ..... Last payment date ..... OR until further notice

Choose ONE ☐ Weekly ☐ Fortnightly ☐ Four weekly ☐ Monthly Specify other period .....

Fixed amount ☐ Amount $ ..... Amount in words .....

Variable amount Variable first amount $ ..... Variable last amount $ ..... Amount in words .....

Payee details

Pay to the credit of **Kiwibank** Branch **Kiwibank Wellington** Name of account **Kaibosh Charitable Trust**

Bank account number

Bank	Branch	Account number	Suffix
3 8	9 0 0 8	0 5 2 0 4 1 5	0 0 2

Information to appear on their bank statement

Payer particulars	Payer code	Payer reference
D O N A T I O N A P		

Authorisation

Please make this automatic payment as detailed by debited my/our account.
I/ We understand and accept that the bank accepts this authority only on the conditions below.

Name of Account (customer to complete): .....

Authorised signature: ..... Contact number: (.....) ..... Date: .....

Authorised signature: ..... Contact number: (.....) ..... Date: .....

Conditions of this authority

1. The bank will use reasonable care and skill to give effect to the directions given to it by 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 responsibility or liability for any refusal or omission to make payment or for any omission to follow such directions.
3. The bank accepts no resonsibility 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 overleaf.
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 or my/ our death or bankruptcy or other revocation is received by the bank.
10. All current bank and Goverment charges for this service in force from time to time are to be debited to my/our accounts.

Bank use only

Date received .....

Recorded by .....

Checked by .....

Bank stamp