Authority for Automatic Payments

Not to operate as an assignment or an agreement

CHRISTIAN WORLD SERVICE
PO Box 22652, Christchurch 8140
Aotearoa New Zealand
Phone (03) 366 9274
cws@cws.org.nz • www.cws.org.nz

Your Details

Name of Bank
Branch
Name of Account

Important - Please Tick

☐ This is a new authority, or

☐ As from _____/_____/_____ (first payment date), this authority replaces existing automatic payments of $_____ to Christian World Service

Account Details

On behalf of (name if other than payer)

Bank | Branch | Account Number | Suffix

Details to appear on my/our Bank statement

Particulars | Code: CWS | Reference: THANK YOU

Gift Details

Frequency and Amount

First Payment Date / / | Last Payment Date / / | Until Further Notice (Tick) ☐

Frequency ☐ Weekly ☐ Fortnightly ☐ Four Weekly ☐ Monthly or Specify other period _____

Amount $ | Amount in Words

Christian World Service Details

Pay to the credit of: Bank: National Bank of NZ | Branch: Christchurch

Name of Account	Bank	Branch	Account Number	Suffix
Christian World Service	06	0817	0318646	00

Details to appear on payee's Bank statement

Particulars: Supporter's Name | Code: Appeal | Reference: Supporter ID 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 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.
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 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.

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 above.

Name of Account _____

Signature _____ Contact Ph _____ Date _____/_____/_____

Signature _____ Contact Ph _____ Date _____/_____/_____

Bank Use

Date Received _____/_____/_____ Recorded by _____ Checked by _____