Mary Potter Hospice
Committed Giving Club

SUPPORTER DETAILS

Title _____ First Name _____ Last Name _____

Address _____

Suburb _____ City _____

Day Ph _____ Evening Ph _____ Mobile _____

Email _____

AUTOMATIC PAYMENT FROM YOUR CREDIT CARD

Donation Amount $ _____ ☐ Monthly ☐ Quarterly ☐ 6-Monthly ☐ Annually

Visa / Mastercard / Amex / Diners | | | | | | | | | | | | | | | | |

Expiry date / Signature _____

AUTOMATIC PAYMENT FROM YOUR BANK ACCOUNT

Name of Bank _____

Branch _____

Address _____

Name of Account _____

This is a new authority ☐

OR

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

ACCOUNT DETAILS

Bank | Branch Number | | | | | | Account Number | | | | | | | | Suffix | | |

Details to appear on my/our bank statement

C	O	M	M	I	T	T	E	D	G	I	V	I	N	G		C	L	U	B	T	H	A	N	K		Y	O	U
Particulars									Code											Reference									

DONATION AMOUNT AND FREQUENCY

Fixed Amount $ _____ ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Other _____

Amount in Words _____

FIRST PAYMENT DATE ___/___/___ **UNTIL FURTHER NOTICE** ☐ or Last payment date ___/___/___

Variable first amount
Variable last amount $ Amount in Words:

IMPORTANT!

Please turn over for signing authority...

MARY POTTER HOSPICE, FREEPOST 3053, PO BOX 7442, WELLINGTON SOUTH
PHONE 0800 MARYPOTTER 0800 627-976 mph@marypotter.org.nz www.marypotter.org.nz

Mary Potter Hospice
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Continued...AUTOMATIC PAYMENT FROM YOUR BANK ACCOUNT

PAYEE DETAILS

Pay to the credit of:

Name of Bank: ANZ

Branch: KILBIRNIE

Account Details

Name of Account	Bank	Branch Number	Account Number	Suffix
MARY POTTER HOSPICE	01	0537	0020909	05

Details to appear on my/our Bank Statement

Particulars	Code	Reference
CGC		

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 below.

Signature

☐ I am over 18 years of age

Please return this completed form to:
MARY POTTER HOSPICE, FREEPOST 3053, PO BOX 7442, WELLINGTON SOUTH

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 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 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.