|  |  |
| --- | --- |
| **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 S.T.A.R.T Taranaki

Name of account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on behalf of (name if other than you) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank account number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Frequency and amount:**

First payment date \_\_\_\_\_\_\_\_\_\_\_ Last payment date \_\_\_\_\_\_\_\_\_\_\_\_ Or until further notice \_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: Please indicate amount $10\_\_\_\_\_\_ $20 \_\_\_\_\_\_ $50 \_\_\_\_\_\_ $100 \_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_

Frequency: Weekly \_\_\_\_\_\_\_ Fortnightly \_\_\_\_\_\_\_\_ Monthly \_\_\_\_\_\_\_\_\_

**Payee Details:**

S.T.A.R.T Taranaki

Payment to

Pay into

15 3951 0421453 01

Or a final payment amount of

$

On \_\_\_/\_\_\_/\_\_\_\_

Please place a reference of Friends for 10 on your automatic payment.

**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 on the conditions below.

I/We understand that this authority will operate provided the account has sufficient funds on the due date

Authorised signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: (­\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Authorised signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: (­\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Please check with your bank regarding their term and conditions

Bank use only

Date received \_\_\_\_\_\_\_\_\_\_

Recorded by \_\_\_\_\_\_\_\_\_\_\_

Checked by \_\_\_\_\_\_\_\_\_\_\_\_

Bank Stamp

*S.T.A.R.T Taranaki thanks you for assisting us to assist New Zealand’s at risk youth.*