

Deaf Aotearoa New Zealand Inc.
PO Box 15770
New Lynn
AUCKLAND 0640

Thank you for becoming a monthly gift donor.

Please complete the details of your monthly gift donation, print and either post to the address as shown above or fax to: 09 828 3235 or email to: fundraising@deaf.org.nz.

Please indicate if you wish your donation to go to a specific DANZ office:

National Office, Northland, Auckland / Sth Auckland, Waikato, Rotorua, Bay of Plenty, Hawkes Bay, Taranaki, Manawatu, Wellington, Nelson / Blenheim, Christchurch, Otago / Southland.

Yes ! I want to donate to Deaf Aotearoa New Zealand Inc. _____ Office

Mr/Mrs/Ms/
Miss/Dr/other: _____

Name: _____

Postal Address: _____

_____ PostCode: _____

Phone: _____ Fax: _____

Email: _____

I wish to give a monthly gift donation of: \$10 ___ \$25 ___ \$50 ___ \$100 ___ Other \$ ___

Please use your name in the 'payee' particulars..

Yes I would like to receive a monthly news letter: Yes ___ No ___

Please print the following Authority for Automatic Payments and give to your bank

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 on page 1.

Name of account - customer to complete:

.....

Customers Signature:

Contact Phone No. Date::

Customers Signature:

Contact Phone No. Date::

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 arrangements 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 but 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 main in force and affect in respect of all payment make in good faith notwithstanding my/our death or bankruptcy or other revocation is received by the bank.
10. Al current Bank and Government charges for this service in force from the time to time are to be debited to my/our account.