

Automatic Payment Authority

This authority is not to operate as an assignment or an agreement



Thank you for your support via automatic payment. Your generosity is most appreciated.

Please complete the SHADED sections below and return the form in the freepost envelope provided or to this address: FreePost Number 69602 (no stamp required)
CBA, PO Box 100, Shortland St, Auckland, 1140

NAME OF ACCOUNT:

ACCOUNT NUMBER:

PLEASE START THIS AUTOMATIC PAYMENT BY DEBITING MY/OUR ACCOUNT:

AMOUNT: START/CHANGE DATE:

PAYMENT FREQUENCY: (Monthly, Quarterly, Annually)

PAY TO: CHRISTIAN BROADCASTING CBA'S ACCOUNT: 12 3 1 1 0 0 0 1 4 7 0 6 0 0

CBA'S ADDRESS: CBA, PO BOX 100, SHORTLAND STREET, AUCKLAND, 1140

UNTIL FURTHER NOTICE or / /
(day) (month) (year)

INFORMATION TO APPEAR ON CBA'S BANK STATEMENT: (This information will tell CBA who the payment came from)

Your family name: Your initials: Donor number:

INFORMATION TO APPEAR ON MY BANK STATEMENT: (This information will help you remember where the payment went when you get your statement)

Payer name: Payer description: Payer reference:

CONDITIONS: I/We understand and accept that the Bank accepts this authority upon the following conditions, namely:

1. The Bank will endeavour to effect such automatic payments without any responsibility or liability for refusal or omission to make all or any of the payments or for late payment or for an omission to follow any such instruction. Further, the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or failure to transmit such information in the manner requested. In any event this authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and Bank in relation to my/our account.
2. The Bank may in its absolute discretion conclusively determine the order or priority of payment by it or any money 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.
3. The Bank may at any time terminate this order as to further payments by notice in writing to me/us - or without notice at any time after being advised in writing by the above named payee that payment is required.
4. This order will remain in full force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this order until notice of my/our death, bankruptcy or such revocation is received by the Bank.
5. All current Bank charges for this service in force from time to time are to be added to the payment amount and debited to my/our account.

IMPORTANT (Please tick relevant box)

This is a new authority

As from above commencing date, this authority replaces existing authorities for \$ _____ in favour of CBA

/ / / /
CUSTOMER'S SIGNATURE (day) (month) (year) CUSTOMER'S SIGNATURE (day) (month) (year)

BANK USE ONLY

Form accepted by: _____ Signature verified by: _____
Details alt/loaded by: _____ Checked to DBR of ____ / ____ / ____
Signature _____ Personnel No _____

DATE
STAMP