PAT FARRY
RURAL HEALTH EDUCATION TRUST

MONTHLY DIRECT DEBIT AUTHORISATION

Details required for Donation Receipt

Name: _____

Organisation: _____

Address: _____

_____

_____

Phone: _____

Email: _____

Monthly Donation Amount: _____

Starting: _____

Ending: (leave blank if continuous) _____

Do you wish to receive our newsletter by email or mail?: _____

PLEASE COMPLETE THESE DETAILS AND THE DIRECT DEBIT AUTHORITY AND RETURN TO
PO BOX 1252, QUEENSTOWN 9348

CONDITIONS OF THIS AUTHORITY

1. The Initiator:

1.1 Will provide notice either:

1.1.1. in writing; or

1.1.2. by electronic mail where the Customer has provided prior written consent to the Initiator.

1.2 Has agreed to give advance Notice of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days (but not more than 2 calendar months) before the date when the Direct Debit will be initiated.

1.2.1 The advance notice will include the following message:

"Unless advice to the contrary is received from you by (date*), the amount of **$.....** will be directly debited to your Bank account on (initiating date*)."

*This date will be at least two (2) days prior to the initiating date to allow for amendment of DirectDebits.

1.3 May, upon the relationship which gave rise to this Instruction being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Instruction. Upon receipt of such notice the Bank may terminate this Instruction as to future payments by notice in writing to me/us.

1.4 May rely on this authority to debit a different bank account upon receipt of instructions from the customer via a bank to which their account has been transferred

2. The Customer may:

2.1 At any time, terminate this Instruction as to future payments by giving written (or by the means previously agreed in writing) notice of termination to the Bank and to the Initiator.

2.2 Stop payment of any Direct Debit to be initiated under this Instruction by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

3. The Customer acknowledges that:

3.1 This Instruction will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Instruction until actual notice of such event is received by the Bank.

3.2 In any event this Instruction is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.

3.3 Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Instruction. Any other disputes lies between me/us and the Initiator.

3.4 Where the Bank has used reasonable care and skill in acting in accordance with this Instruction, the Bank accepts no responsibility or liability in respect of:

3.4.1. the accuracy of information about Direct Debits on Bank statements; and

3.4.2. any variations between notices given by the Initiator and the amounts of Direct Debits.

3.5 The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with clause 1.1, nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. The Bank may:

4.1 In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Instruction, cheque or draft properly signed by me/us and given to or drawn on the Bank.

4.2 At any time terminate this Instruction as to future payments by notice in writing to me/us.

4.3 Charge its current fees for this service in force from time to time.

4.4 Upon receipt of an "authority to transfer form" signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debits

PAT FARRY
RURAL HEALTH EDUCATION TRUST

MONTHLY DIRECT DEBIT AUTHORISATION
PLEASE COMPLETE, DATE, SIGN AND RETURN TO
PO BOX 1252, QUEENSTOWN 9348

Name of account to be debited:

Account details**:**

Bank		Branch				Account Number							Suffix	

AUTHORITY TO ACCEPT DIRECT DEBITS
(Not to operate as an assignment or agreement)

To: The Manager, (Please Print Full Postal Address Clearly for Window Envelope)

Bank Branch

.....

Address (P O Box)

.....

Town/City

.....

AUTHORISATION CODE

1	**2**	**1**	**5**	**5**	**7**	**8**

Date_____

I/We authorise you until further notice in writing to debit my/our account with you all amounts which

The Pat Farry Rural Health Education Trust

(hereinafter referred to as the Initiator)

the registered Initiator of the above Authorisation Code may initiate by Direct Debit.
I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.
Information to appear in my/our bank statement

PAYER PARTICULARS	PAYER CODE	PAYER REFERENCE

NAME OF ACCOUNT

_____

_____

AUTHORISED SIGNATURE(S)

For Bank Use Only

Approved

1557
0913

Date Received:	**Recorded By:**	**Checked By:**

BANK STAMP