

YOUR DETAILS

Mr/Mrs/Miss/Ms/Other: * _____

First Name: * _____

Surname: * _____

Address: * _____

Town: * _____

Email: _____

Supporter ID: _____
(If known)

Phone #: _____ Date of Birth: _____
(Optional – this is so we can verify your details when calling.)

* Required Information

CONDITIONS OF THIS INSTRUCTION TO ACCEPT DIRECT DEBITS

SPECIFIC CONDITIONS RELATING TO NOTICES AND DISPUTES

1. I agree that the Initiator must give me at least 10 days' prior notice of each direct debit, including the first direct debit in a series.
2. Changes to the amounts or dates of a series of direct debits require 30 days' prior notice to me.
3. I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
4. All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.
5. I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
 - I didn't receive proper notice of the amount and date of the direct debit, or
 - I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
6. If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

I WOULD LIKE TO GIVE REGULARLY BY DIRECT DEBIT

MY REGULAR GIFT IS

\$20 \$30 \$50 Other \$

I WOULD LIKE TO GIVE

Monthly Quarterly Annually

ACCOUNT INFORMATION

Authorisation Code

0 2 2 4 7 3 7

(User number)

Name of Bank Account Holder:

Bank: Branch Number: Account: Suffix:

Bank Name: Branch:

Branch Address:

AUTHORITY TO ACCEPT DIRECT DEBITS

I/We authorise you to debit my account with the amounts of direct debit received from the **Stroke Foundation of New Zealand** (the Initiator) with the authorisation code specified on this authority and in accordance with this authority until further notice from me.

I/We agree that this authority is subject to:

- my bank's terms and conditions that relate to my account, and
- the terms and conditions listed on this form.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Payer Particulars: S T R O K E

Payer reference: F O U N D A T I O N

Payer Code: S F N Z L T D

Authorised Signatures:

Date:

FOR BANK USE ONLY

APPROVED

2473

06 | 13

Date Received

Recorded By

Checked By

BANK
STAMP

Original – Retain at Branch

Copy – Forward to Initiator if requested