

CONDITIONS OF THIS INSTRUCTION TO ACCEPT DIRECT DEBITS

1. The Initiator:

- (a) Alternatively, undertakes to give notice of the commencement date, frequency and amount at least 10 calendar days before the first Direct Debit is drawn (but no more than 2 calendar months). This notice will be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent).

The advance notice will include the following message:

"Unless advice to the contrary is received from you by (date*), the amount of \$....., will be direct 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 the amendments of direct debits

- (b) In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give advance notice of at least 30 days before the change comes into effect. This notice must be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent).
- (c) 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.
- (d) May, upon receiving written notice (dated after the date of this authority) from a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that written notice and this Authority from the account identified in the written notice.

2. The customer may:

- (a) At any time, terminate this Instruction as to future payments by giving written notice of termination to the Bank and to the Initiator.
- (b) 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.
- (c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be Direct Debited had been made without notice being given in terms of clause 1(b) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of Direct Debit back to the Initiator through the Initiator's Bank PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.
- (d) Request the Bank to reverse any Direct Debits initiated by the Initiator under the Instructions by debiting the amount of Direct Debits back to the Initiator through the Initiator's

Bank where the Initiator cannot produce a copy of the Instructions and or Confirmation to me/us that I/we are reasonably satisfied they can demonstrate that I/we have authorised my/our Bank to accept Direct Debits from the Initiator against my/our account PROVIDED the request is made not more than 9 months from the date the first Direct Debit was debited to my/our account by the Initiator under the instructions.

3. The customer acknowledges that:

- (a) 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.
- (b) In any event this Instruction is subject to any arrangements now or hereafter existing between me/ us and the Bank in relation to my/our account.
- (c) 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 dispute lies between me/us and the Initiator.
- (d) 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:
- The accuracy of information of Direct Debits on Bank statements
 - Any variations between notices given by the Initiator and the amounts of Direct Debits
- (e) The Bank is not responsible for, or under any liability in respect on the Initiator's failure to give written advance notice correctly no 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.
- (f) Notice given by the Initiator in terms of clause 1 (b) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The Bank may:

- (a) In its absolute discretion conclusively determine the order of priority payment by it of any monies pursuant to this or any other Instruction, cheque or draft properly executed by me/ us and given to or drawn on the Bank.
- (b) At any time terminate this Instruction as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time-to-time.

Join the fight against stroke and become a loyal supporter of the Stroke Foundation of NZ by:

» Making a secure regular donation from your credit card
www.stroke.org.nz

» Making a regular donation via direct debit or credit card

Fill out the forms overleaf and send to:

**Stroke Foundation of New Zealand Ltd
PO Box 12482, Thorndon Wellington 6144**

0800 STROKE (0800 78 76 53)

fundraising@stroke.org.nz



YOUR DETAILS

Mr/Mrs/Miss/Ms/Other.....
 First Name.....
 Surname.....
 Address.....
 Town.....
 Email.....
 Supporter #.....
 Phone #.....
 Date of Birth.....
(optional – this is so we can verify your details when calling)

I would like to give regularly by CREDIT CARD

MY REGULAR GIFT IS

\$10 \$25 \$50
 Other \$.....

I WOULD LIKE TO GIVE

Monthly Quarterly Annually

PLEASE CHARGE MY CREDIT CARD

Visa MasterCard Amex

Card Number

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Expiry

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Name on card.....

Signature.....

I would like to give regularly by DIRECT DEBIT

MY REGULAR GIFT IS

\$10 \$25 \$50 Other \$.....

I WOULD LIKE TO GIVE

Monthly Quarterly Annually

ACCOUNT INFORMATION

Name of Account.....

Customer (Acceptor) to complete bank/branch number and account number and suffix of account to be debited.

Bank				Branch Number				Account Number				Suffix									

TO: The Manager

Bank Name.....

Address (PO Box).....

Town/City.....

Date DD / MM / YYYY

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

APPROVED

2473

06 | 13

FOR BANK USE ONLY

Date Received

Recorded By

Checked By

Original
Copy

– Retain at Branch
– Forward to Initiator if requested

AUTHORITY TO ACCEPT DIRECT DEBITS

(not to operate as an assignment or agreement)

Authorisation Code

0	2	2	4	7	3	7
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(User Number)

I/We authorise you until further notice in writing to debit my/our account with you all amounts which **Stroke Foundation of New Zealand** (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.

BANK
STAMP