

## AUTHORITY FOR AUTOMATIC PAYMENTS

*\*\* This form needs to be taken to YOUR bank*

*(tear off slip at bottom)*

**TO:** THE MANAGER

**BANK:** \_\_\_\_\_

**BRANCH:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please tick one*

This a new authority

As from \_\_\_\_\_ (first payment date dd/mm/yyyy)

This authority replaces existing authority  
 for \$ \_\_\_\_\_ in favour of same payee

### PAYER DETAILS

NAME OF YOUR ACCOUNT

ACCOUNT NUMBER

|      |        |                |        |
|------|--------|----------------|--------|
| bank | branch | account number | suffix |
|      |        |                |        |

Details to appear on **your** statement:

|             |      |           |
|-------------|------|-----------|
| particulars | code | reference |
|             |      |           |

### FREQUENCY AND AMOUNT

|                       |                       |           |  |   |
|-----------------------|-----------------------|-----------|--|---|
| Date of first Payment | Date of final Payment | <b>OR</b> |  | Until further notice<br>(tick) <input type="checkbox"/> |
|-----------------------|-----------------------|-----------|--|---|

|          |        |             |             |         |
|----------|--------|-------------|-------------|---------|
| Tick Box | weekly | fortnightly | Four weekly | monthly |
|----------|--------|-------------|-------------|---------|

|        |    |                 |
|--------|----|-----------------|
| Amount | \$ | Amount in words |
|--------|----|-----------------|

|       |                |            |
|-------|----------------|------------|
| Name: | Date: dd/mm/yy | Signature: |
|-------|----------------|------------|

### PAYEE DETAILS

Pay to:

|         |                               |
|---------|-------------------------------|
| Bank    | Branch                        |
| Westpac | Molesworth Street, Wellington |

|                         |             |               |                |        |
|-------------------------|-------------|---------------|----------------|--------|
| Name of Account         | Bank        | Branch No.    | Account Number | Suffix |
| V O I C E F O R L I F E | 0 3 0 5 1 8 | 0 0 6 0 6 0 6 | 0 0            |        |

|                  |       |   |
|------------------|-------|---|
| particulars      | code  | reference <b>** PLEASE PRINT YOUR INITIAL AND NAME HERE</b> |
| T E N \$ C L U B | 2 5 6 |   |

Tear off and send to: VOICE FOR LIFE, Box 12-286, Thorndon, WELLINGTON, 6144

**\*\*FOR RECEIPT PURPOSES, PLEASE COMPLETE FULLY**

|  |              |
|--|--------------|
| <b>** PLEASE PRINT INITIAL AND NAME CLEARLY HERE</b> | <b>GROUP</b> |
|  |              |

I/We have made an automatic payment from our bank account to Voice For Life Inc

|             |  |           |  |        |    |
|-------------|--|-----------|--|--------|----|
| Start Date: |  | frequency |  | Amount | \$ |
|-------------|--|-----------|--|--------|----|

|                             |        |        |  |
|-----------------------------|--------|--------|--|
| <u>ADDRESS FOR RECEIPTS</u> | EITHER | email  |  |
|                             | OR     | postal |  |