YES, I want to be a CWS Partner for Life with a monthly gift for people in need all over the world

1. My Details
Name
Address
Email
Phone
2. Monthly Donation Amount
Please accept my gift of: \$10 a month \$20 a month \$50 a month \$ a month
Automatic Payment. Please fill out the form on the reverse. PTO
Please complete this form and return to:

Christian World Service, PO Box 22652, Christchurch 8140

Christian World Service is a registered charitable entity. Charities Act 2005 registration CC22288. You can claim a tax credit of 33.3% for donations of \$5 and over.



Bank Use

Authority for Automatic Payments

CHRISTIAN WORLD SERVICE PO Box 22652, Christchurch 8140 Aotearoa New Zealand Phone (03) 366 9274

	Not to operate as an assignment or	an agreement cws@cws.org.nz • www.cws.org.nz
Your Details		
Name of Bank	Imr	oortant - Please Tick
Branch		
Name of Account		As from/ (first payment date), this authority replaces existing automatic payments of \$ to Christian World Service
Account Details		
On behalf of (name if other than payer)	Bank Bi	ranch Account Number Suffix
Details to appear on my/our Bank statemen	it	
Particulars	CWS	Reference THANK YOU
Gift Details		
Frequency and Amount		
First Payment Date / /	Last Payment Date / /	Until Further Notice (Tick)
Frequency	Four Weekly Monthly	or Specify other period
Amount \$	Amount in Words	
Christian World Service Details Pay to the credit of: Bank		Branch
ANZ		Christchurch
Name of Account	Bank Branch	Account Number Suffix
Christian World Service	0 6 0 8 0	1 0 3 2 5 0 3 2 0 0 0
Details to appear on payee's Bank statemer Particulars Code		Reference
M	O N T H L Y G	
Supporter's Name App		Supporter ID No
Conditions		
any refusal or omission to make all or any of the paymer The Bank accepts no responsibility or liability for the acc ti/We undertake to advise the Bank immediately of any i this authority is subject to any arrangement now or here the Bank may in its absolute discretion conclusively determined by the Bank or draw on The Bank may in its absolute discretion refuse to make a this authority may be terminated or reduced by the Bank	given by me/us for the purpose of a business, ints or for late payment or for any omission to curacy of the information contained in the pay information about payments shown on bank seafter subsisting between myself/ourselves at ermine the order or priority of payment by it of my/our account. In your account, any one or more payments pursuant to this aunk or the payee without notice to me/us in resoft all payments made in good faith notwithstaton is received by the Bank.	rment information fields on this authority. tatements which is incorrect. and the Bank in relation to my/our account. of any monies pursuant to this or any other authority or cheque which athority where there are insufficient funds available in my/our account. pect of the payments detailed over. anding my/our death or bankruptcy or any revocation of this authority until
Authorisation		
 Please make this automatic payment as detailed I/We understand and accept that the bank accept 	, , , , , , , , , , , , , , , , , , , ,	above.
Name of Account	•	
		Date/
Signature		

Date Received ____/____ Recorded by _____ Checked by ____