



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.

Your Details

Name of Bank
Branch
Name of Account

Important - Please Tick

This is a new authority, or

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 _____ Branch _____ Account Number _____ Suffix _____

Details to appear on my/our Bank statement

Particulars _____ Code **CWS** Reference **THANK YOU**

Gift Details

Frequency and Amount

First Payment Date ____/____/____ Last Payment Date ____/____/____ Until Further Notice (Tick)

Frequency Weekly Fortnightly Four Weekly Monthly or Specify other period _____

Amount \$ _____ Amount in Words _____

Christian World Service Details

Pay to the credit of: Bank **ANZ** Branch **Christchurch**

Name of Account **Christian World Service** Bank **0 6** Branch **0 8 0 1** Account Number **0 3 2 5 0 3 2** Suffix **0 0**

Details to appear on payee's Bank statement

Particulars _____ Code **P A R T N E R 4 L I F E** Reference _____

Supporter's Name _____ Appeal _____ Supporter ID No _____

Conditions

- The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
- Where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow such directions.
- The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
- I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
- This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
- The Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any monies pursuant to this or any other authority or cheque which I/We may now or hereafter give to the Bank or draw on my/our account.
- The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account.
- This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed over.
- This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Bank.
- All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

Authorisation

- Please make this automatic payment as detailed by debiting my/our account.
- I/We understand and accept that the bank accepts this authority only on the conditions above.

Name of Account _____

Signature _____ Contact Ph _____ Date ____/____/____

Signature _____ Contact Ph _____ Date ____/____/____

Bank Use

Date Received ____/____/____ Recorded by _____ Checked by _____