

# AUTOMATIC PAYMENT AUTHORITY

(Not to operate as an assignment or an agreement)

Please complete the tinted sections and return to:  
Ronald McDonald House, Wellington. 38 Riddiford Street, Newtown, Wellington.



**Ronald McDonald House**  
**Wellington**

Dr / Mr / Mrs / Ms / Miss : (please circle)

Name:

Address:

Daytime phone: ( )  Email:

## Your bank account details:

Name of Bank:  Branch:

Bank's address:

Account name:

Account number:

## Please start this automatic payment by debiting my/our account:

Amount: \$  amount in words:

Start/change date:  /  /

Frequency:  Weekly  Fortnightly  Monthly  Quarterly  Yearly (please tick)

Until further notice **OR** until  /  /

Pay to: Ronald McDonald House Wellington Trust, 38 Riddiford Street, Newtown, Wellington.

Account: 030521 0206020 00

## Information to appear on Ronald McDonald House Wellington Trust bank statement:

Your full name:

Description: Automatic payment ID#       (to be completed by Ronald McDonald House)

## Information to appear on your bank statement:

Payee name: RMHW Trust

Payee description: Donation

**Important:**  This is a new authority **OR**

(Please tick)  As from above commencing date, this authority replaces existing authorities for

\$  in favour of Ronald McDonald House Wellington.

## Authorisation: Please make this automatic payment by debiting my/our account.

I/We understand and accept that the Bank accepts this authority on the conditions below.

Your signature:

Date:  /  /

2nd signature (if applicable):

Date:  /  /

### 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 of 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 above.
- 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 other revocation of this authority until notice of my/our death, 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.

### BANK USE ONLY:

Date received: / /

Recorded by:

Checked by: