

Become a

LIFE Changer



Changing lives. *One life at a time.*

Your Details

Title First Name Surname

Address

..... Postcode

Home phone number Mobile

Work number

Email Date

Where did you get this form?

I would like to become a Life Changer (regular giver)

I / we would like to make a gift of: \$5 \$20 \$50 \$100 \$200 or \$.....

Weekly **Fortnightly** **Monthly** Starting from

Automatic Payment

Please send this instruction to my Bank to pay the amount specified above by automatic payment to Christians Against Poverty.

To: The Manager

Your Bank's Name Branch

Your Bank's Address

Name of Account Holder(s)

Bank Branch: ■■■■■■■■ Account Number: ■■■■■■■■ ■■■■

Please pay 'Christians Against Poverty'. a/c no. 03-0195-0610289-000, quoting ref LC(for office use only), according to the specified amounts and dates above.

Signature/s Date

DONATIONS OVER \$5 ARE TAX DEDUCTABLE

**Please return to: Christians Against Poverty
PO Box 22246, Otahuhu, Auckland, 1640**

Bank Automatic Payment Conditions

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
2. 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.
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
6. 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.
7. 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.
8. 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.
9. 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.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.