AUTOMATIC PAYMENT AUTHORITY

Please send the completed and signed agreement form back to us. Please select the frequency of payments (weekly, fortnightly, monthly) and the amount of your choice.

If you wish to set this up yourself via Internet banking, please email us @:

info@edenchurchnz.com advising us the start date, amount and frequency of payments.



MY PERSONAL DETAILS	MY ACCOUNT DETAILS				
First Name	Please start this automatic payment by debiting my account:				
Surname	Name of my bank				
Postal address	Bank branch				
	Name of my account				
	My account number:				
Email —	Bank Branch Account Number Suffix	J			
Day phone	This is a: New payment				
Buy phone	Existing payment				
	Please change existing payment no. to the same acc	count holder.			
FREQUENCY AND AMOUNT					
\$20 per month \$30 per month \$50 per month \$100 per month Other (Please specify amount and frequency below)					
Amount \$ Frequency: Weekly Fortnightly Monthly Four-weekly					
First payment date					
Information to appear on my Statement:					
$\left[\begin{array}{c c c c c c c c c c c c c c c c c c c $					
Particulars Code Reference (Optional)					
PAY TO	AUTHORITY				
Please pay to EDEN ASSEMBLY OF GOD	CONDITIONS:				
Account number: 12 3016 0640532 00	I / We understand and accept that the Bank accepts this authority only upon the conditions				
Information to appear on Eden AOG Statement:					
	DD MM	I YYYY			
	Signature Contact phone Date	te			
Particulars (surname or name of company)	I				
	I				
Code (optional)	DD MM	I YYYY			
	Additional signature Contact phone Date (if two required)	te			
Reference (optional)	I				



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 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.
- **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 over.
- **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 other 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.

FOR BANK USE ONLY

Date Received:	Recorded By:	Checked By:	Bank Stamp