



## Automatic Payment Donations

Thank you for offering to set up an automatic payment to donate funds to Big Buddy.

Your generous donation towards the work of Big Buddy will be very warmly received. Please be assured that it will help make a world of difference. All money we receive from donations goes directly to our work of matching mentors with fatherless boys.

If you wish to set up an auto payment through your bank branch simply fill out the form provided on the next page and send or take into your bank.

If you would rather set this up online the details you will need are;

### Big Buddy Bank account details

Payee name: Big Buddy Mentoring Trust  
Payee account number: 12 3039 0172153 02

### Details to appear on payee statement

Particulars: *Your first name*  
Code: *Your last name*

### Receipts

All donations to Big Buddy are tax deductible up to 33% of your income. You need a receipt from us to claim this rebate from IRD and for us to send this we need your email or postal address so please fill your contact details here and either;

- Post back to us; Big Buddy PO Box 83 031, Edmonton, Waitakere 0652
- or
- Email us the details ([donations@bigbuddy.org.nz](mailto:donations@bigbuddy.org.nz))

Name	
Number and Street	
Suburb	
City	
Email address	
Phone number	

Please send me receipts: For each donation  One receipt per year

Yes I'd like to receive your quarterly newsletter  No I'd rather not

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If you want to make your regular donations anonymously and are not concerned about receipts that's fine don't worry about address details.

NB: You will receive a confirmation from us acknowledging your automatic payment once we receive your first payment.

**Big Buddy**  
**Ph 09 838 4448**  
**[www.bigbuddy.org.nz](http://www.bigbuddy.org.nz)**

# AUTOMATIC PAYMENT AUTHORITY



(Not to Operate as an assignment or an agreement)

## PAYER DETAILS:

To The Manager

**Name of Bank** [Grid]

**Branch** [Grid]

**Bank Address** [Grid]

**Name of Account** [Grid]

**Account Number** [Grid]

## PAYEE DETAILS:

Pay to the credit of:

**Name of Account** [BIG B U D D Y M E N T O R I N G T R U S T]

**Account Number** [1 2 3 0 3 9 0 1 7 2 1 5 3 0 2]

## PAYMENT DETAILS:

**This Automatic Payment is** (please tick appropriate box)

A New Authority, **OR**  An Alteration. Authority replaces existing payment for \$ [ ] In favour of same Payee

\$ [ ] Payment Amount

**Details to appear on my bank statement (Payer)**

Particulars	Code	Reference
[Grid]	[Grid]	[Grid]

**Details to appear on Big Buddy bank statement (Payee)**

[Grid]	[Grid]	[Grid]
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↑ First Name

↑ Last Name

**Start/Change date**

[Grid]

**Pay until** (please tick appropriate box)

Further notice, **OR**

Final payment amount of [ ] on [Grid]

**Frequency of payment** (please tick appropriate box)

Weekly  Fortnightly  Monthly  Quarterly  Other \_\_\_\_\_ (please specify)

## 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 upon the conditions listed below.

**Name of Account** [Grid]

**Customer Signatures(s)**

**Date**

**Daytime Contact number**

X \_\_\_\_\_ [Grid] ( ) \_\_\_\_\_

X \_\_\_\_\_ [Grid] ( ) \_\_\_\_\_

## TERMS AND CONDITIONS:

- The Bank will endeavour to effect such automatic payments 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 any such instructions. Further, the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In any event 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 moneys 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.
- This authority may be terminated or reduced without notice to me/us in respect of the payment detailed above, by the Bank, or the Payee.
- This order will remain in full force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this order until notice of my/our death, bankruptcy or such revocation is received by the Bank.
- In the event of the payment not being provided for on the due date, the Bank need not be concerned any further with payment for that period which will then become my/our responsibility.
- The Bank is authorised to advise the payee of my/our recorded address if requested by the payee in respect of this payment to the payee.
- All current Bank charges for this service in force from time to time are to be added to the payment amount and debited to my/our account.

## FOR BANK USE ONLY:

Date Received:	Recorded By:	Checked By:	Signature Verified By:	Bank Stamp
_____	_____	_____	_____	