



PO Box 2405, Wakatipu, Queenstown 9349, New Zealand | Ph: (03) 441 4109
 Invercargill Op Shop: 106 Spey Street, Invercargill, New Zealand | Ph: (03) 218 4940
 Dunedin Op Shop: 166 Hillside Road, Dunedin, New Zealand | Ph: (03) 455 2465
 Trade-Me Store | Ph: (03) 218 4940

Website: www.orphansaidinternational.org
 E-mail: mail@orphansaidinternational.org

0800 ORPHAN
 0800 677 426

Authority for Automatic Payments

(Not to operate as an assignment or an agreement)

A Payer Details

To the Manager
 Name of Bank _____ Branch _____
 Address _____
 Name of Account _____

Important – please tick
 This is a new authority, OR
 as from ___/___/___ (first payment date), this authority replaces existing
 authorities for \$ _____ in favour of the same payee.

Account details:

Bank Branch number Account number Suffix

On behalf of (name other than payer): _____
 Details to appear on my/our statement: **ORPHANS AID INTERNATIONAL**

B Frequency and amount

First payment date ___/___/___ Last payment ___/___/___ OR
 until further notice (please tick)
 Frequency (please tick) Four weekly Monthly Specify other period _____
 Fixed amount: Amount \$ _____ Amount in words _____
 Complete if applicable (tick one box only):
 Variable first amount Variable last amount
 Amount \$ _____ Amount in words _____

C Payee details

Pay to the credit of: **WESTPAC** Branch: **INVERCARGILL**
 Name of Account: **ORPHANS AID INTERNATIONAL**
 Account details: **03 1750 0349476 00**

Details to appear on payee's bank statement: (please put your details below)

Particulars Code Reference

D Authorisation

Please make this automatic payment as detailed by debiting my/our account.
 Name of account (customer to complete): _____
 Customers signature _____ Date ___/___/___
 Customers signature _____ Date ___/___/___

the abandoned **rescued**

