Homes of Hope

Building our children together

ManaaKitia a taatou Kura pounamu

Return to: Homes of Hope
224B SH2, Bethlehem, Tauranga
Ph: 07 579 1090
Fax: 07 579 1086

Automatic Easypay Form

PLEASE POST TO THE ABOVE ADDRESS

AUTHORITY FOR AUTOMATIC PAYMENT
(Not to operate as an assignment or an agreement)

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.

Homes of Hope Friend/s Name: _____

Tel No: _____ Cell No: _____ Email: _____

Print your account name

Bank account number which payments are to be made from:

BANK	BRANCH	ACCOUNT NUMBER	SUFFIX

To: The Bank Manager

BANK: _____

BRANCH: _____

POSTAL ADDRESS: _____

TOWN / CITY: _____

I / We would like to make Automatic Payments from my / our account: *(Tick Box)*

☐ Monthly ☐ Quarterly

☐ Half Yearly ☐ Yearly

First payment date: / /

Until further notice *(Tick Box)*: ☐

Or last payment date: / /

Amount $ _____

Amount in words: _____

Information to appear on Homes of Hope Bank Statement

Payee Code (Your name) | Payee Reference (City where you live) | Payee Particulars

Information to appear on my / our Bank Statement

Recipient Particulars | Payer Code (optional) | Reference (optional)

Your Signature (s)

1. _____ 2. _____ Date / /

Pay to : **HOMES OF HOPE CHARITABLE TRUST**

Acct Number: **01 0434 0258543 000** Bank: **ANZ** Branch: **Tauranga**

EASYPAY CONDITIONS

I / We understand and accept that the Bank accepts this authority only upon the following conditions, namely:

1. 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 the 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 field on this authority or hereafter subsisting between myself / ourselves and the Bank in relation to my / our account.

2. The Bank may in its absolute discretion conclusively determine the order or priority of payment by it or any of the 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.

3. The Bank may at any time terminate this order as to future payments by notice in writing to me/us without notice, at any time after being advised in writing by the above named payee that no further payment is required.

4. 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.

5. All current Bank changes for this service in force time to time are to be added to the payment amount and debited to my / our account.