

Yes, I would like to make regular gifts to the Neurological Foundation and help fund life-changing medical research.



NEUROLOGICAL
FOUNDATION
OF NEW ZEALAND

I will give:

\$10/month
 \$15/month
 \$25/month
 My choice \$ _____ per month

to the Neurological Foundation, starting from ____ / ____ / ____ Signature: _____

Please complete one of the payment options below: Authorisation Code: 0 6 3 3 7 4 7

1. DIRECT DEBIT FROM YOUR BANK ACCOUNT

(Made on the 20th of each month. Please attach a deposit slip with your account number)

Name of Bank Account Holder: _____

Bank: _____ Branch number: _____ Account: _____ Suffix: _____

Name of Financial Institution: _____ Branch: _____

Branch Address _____ PO Box: _____ Town: _____

Authorisation

I/We authorise you until future notice in writing, to debit my/our account with all amounts which the Neurological Foundation of New Zealand, PO Box 110022, Auckland Hospital, Auckland 1148 (herein referred to as the "Initiator"), the registered initiator of the above Authorisation Code may initiate by Direct Debit. I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on the reverse of this form.

IMPORTANT: Please use the envelope provided as this authority must be returned to the Neurological Foundation.

THE FOLLOWING INFORMATION WILL APPEAR IN MY/OUR BANK STATEMENT

Payer Particulars: N E U R F O U N D Payer Code: N F Payer Reference: D O N A T I O N

Signature: _____ Date: ____ / ____ / ____

THIS SECTION IS FOR BANK USE ONLY: Original – Retain at branch Copy – forward to initiator in post envelope.

BANK STAMP	Date Received:	Recorded By:	Checked By:	Approved 3374 04 2009
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2. CREDIT CARD - MONTHLY PAYMENT AUTHORISATION *(From the start date you completed at the top of this form)*

Card Type: MasterCard Visa Expiry Date: ____ / ____

Card Number: _____

Cardholders name (Capital letters): _____ Signature: _____

Authorisation

I/We authorise you, until further notice in writing, to debit my/our nominated credit card account (hereinafter referred to as "Credit Card Account") with all amounts which the Initiator may debit the Credit Card Account. I/We acknowledge and accept that the Initiator accepts this Authority only upon the conditions on the reverse of this form.

An annual receipt for your regular gift/s to the Neurological Foundation of NZ will be sent to you for tax purposes. If for any reason you need to cancel this gift you may do so by giving written notice to your bank and the Neurological Foundation of NZ.

Title _____ Full Name _____

Address _____

Suburb _____ City/Town _____ Postcode _____

Please return this form to:

Neurological Foundation of New Zealand, PO Box 110022, Auckland Hospital, Auckland 1148.
(Or use FREEPOST, Authority Number 2064)

CONDITIONS OF THIS AUTHORITY TO ACCEPT DEBITS

The Initiator:

Has agreed to give written advance notice of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days before (but not more than two calendar months) the date when the Direct Debit will be initiated. The advance notice will include the following message:

“Unless advice to the contrary is received from you by (date*), the amount of \$.....will be directly debited to your Bank account on (initiating date).”

*This date will be at least two (2) days prior to the initiating date to allow for amendment of Direct Debits.

May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

May, upon receiving an "authority transfer form" (dated after the date of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that transfer form and this Authority from the account identified in the authority transfer form.

The Customer may:

At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.

Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

The Customer acknowledges that:

This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.

In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account. Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority.

Any other disputes lies between me/us and the Initiator.

The Bank accepts no responsibility or liability for the accuracy of information about Direct Debits on.

Bank Statements.

The Bank is not responsible for, or under any liability in respect of:

Any variations between notices given by the Initiator and the amounts of Direct Debits.

The Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

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, cheque or draft properly executed by me/us and given to or drawn on the Bank.

At any time terminate this Authority as to future payments by notice in writing to me/us.

Charge its current fees for this service in force from time to time.

Upon receipt of an "authority to transfer form" signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debits.