ChildALERT
ecpat nz

AUTOMATIC PAYMENT AUTHORITY

(Not to operate as an assignment or an agreement)

Customer Account number

The Manager,

Bank ……Branch where my/our account is held ……..

Postal address of Branch……..

Dear Sir/Madam,

Please start this Automatic Payment by debiting my/our account. Details are:

☐ New payment Or ☐ Change existing payment no. ☐☐☐ to the same account holder

Amount $

Start/change date ☐☐

Frequency **Monthly**

Pay to (name) **ECPAT Child Alert**

Pay to (account no.) 1 2 3 0 1 1 | 0 1 9 3 3 5 8 | 0 0

Unit ☐ Further notice Or a final payment amount of $ on ☐☐ ☐☐ ☐☐☐☐

CONDITIONS

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 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.
2. 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.
3. 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.
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 or bankruptcy or such revocation is received by the Bank.
5. In the event of the payment not being provided for on due date, the Bank need not be concerned any further with payment for that period which will then become my/our responsibility.
6. 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.
7. All current Bank charge for this service in force from time to time are to be added to the payment amount and debited to my/our account.

Information to appear on their statement (Supporter to complete)

☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐ D O N A T I O N ☐☐☐☐

(PARTICULARS. Please enter your surname) (CODE. Please leave blank)

Information to appear on **my** bank statement (Supporter to complete)

☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐

(PARTICULARS) (CODE) (REFERENCE)

CONDITIONS: I/We understand and accept that the Bank accepts this authority only upon the conditions as above.

Name of personal Account: Mr/Mrs/Miss/Ms:……..

OR

Name of Business Account……

……..	……..	…/…/…	……	……	…/…/…
(Customer Signature)	(Contact Phone No.)	(Date)	(Customer Signature)	(Contact Phone No.)	(Date)

BANK USE ONLY

Form Accepted by	Signature Verified by	Details Alt/Loaded by	checked to BDR of …/…/…
…… (Signature)	……	……..	……
…… (Personal No.)	…… ..	…….. ..	……

Date Stamp