

Become an Outward Bound Supporter

YES I want to be an Outward Bound Supporter.

I would like to make a regular donation of \$ _____ and I enclose the completed Outward Bound Automatic Payment Authority

OR

I would like to make a single donation of \$ _____

My cheque is enclosed

Please debit my credit card:

Card Type: Visa Mastercard

Card No:

Expiry Date: (mm/yy)

Name on Card: _____

Name: _____
Title First Name Surname

Address: _____

_____ Ph: _____

Email: _____

Yes I want to receive updates and information on how my gift is helping Outward Bound.

All donations to Outward Bound of \$5 and more are tax-deductible.

Please send this form to:
Freepost 167585
Outward Bound Charitable Trust
P.O. Box 25-274
Panama Street
Wellington 6146

For more information phone: 0800 688 927



Thank you for becoming an Outward Bound Supporter

AUTOMATIC PAYMENT AUTHORITY

Please complete this form and send to Outward Bound.

<p>PAYER DETAILS</p> <p>Name of Bank _____</p> <p>Branch _____</p> <p>Address _____</p> <p>Name/s of Account Holder/s _____</p>	<p style="text-align: center;">AUTHORITY FOR AUTOMATIC PAYMENTS</p> <p style="text-align: center;">(Not to operate as an assignment or an agreement)</p> <p style="text-align: center;">IMPORTANT PLEASE TICK</p> <p><input type="checkbox"/> This is a new authority</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> As from / / (first payment date), this authority replaces existing authorities for \$ in favour of the same payee.</p>
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ACCOUNT DETAILS

On behalf of: _____
(Name if other than Payer).

Bank	Branch Number	Account Number	Suffix

Details to appear on my/our Bank Statement

Particulars	Code	Reference

FREQUENCY AND AMOUNT

First Payment Date _____ Last Payment Date _____ OR Until Further Notice

Tick Box Weekly Fortnightly Four Weekly Monthly Annual

Fixed Amount Amount \$ _____ Amount in Words _____

Complete if applicable (tick one box only)

Variable First Amount Amount \$ _____ Amount in Words _____

Variable Last Amount Amount \$ _____ Amount in Words _____

PAYEE DETAILS

Pay to the credit of:

Name of Bank _____ Branch _____

NATIONAL BANK

WELLINGTON COMMERCIAL

Account Details

Name of Account	Bank	Branch Number	Account Number	Suffix
OUTWARD BOUND	06	0501	0059318	004

Details to appear on Outward Bound bank statement (Outward Bound to complete)

Particulars	Code	Reference
SUPPORTER		

AUTHORISATION

1. Please make this automatic payment as detailed by debiting my / our account

2. I / We understand and accept that the Bank accepts this authority only on the conditions on the reverse of this form.

Name of Account (customer to complete) _____

Customer's Signature _____ Contact Telephone No. _____ Date _____

Customer's Signature _____ Contact Telephone No. _____ Date _____

CONDITIONS

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
2. Where the directions given in this authority have been given by me / us for the purposes of a business, the Bank accepts those directions 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 such directions.
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I / We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself / ourselves and the Bank in relation to my / our account.
6. The Bank may in its absolute discretion conclusively determine the order or priority of payment by it of any monies 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.
7. The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority when there are insufficient funds available in my / our account.
8. This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed above.
9. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my / our death or bankruptcy or any revocation of this authority until notice of my / our death or bankruptcy or other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my / our account.