



ENVIRONMENT & CONSERVATION ORGANISATIONS OF NEW ZEALAND

Dear Friend,

This automatic payment form enables you to make regular donations of a size and frequency of your choice, or for making payments towards your ECO subscription fee. If you wish to make automatic donations you have the choice of specific areas of work that you can contribute to: ECO General (01), RMA (02), Marine (03), and ECO Resource Centre (04). By recording the code number in brackets on the 'details to appear on the payees bank statement', we can identify which area of our work you wish to support.

For paying your annual subscription fee please record the code number (05) under the details to appear on the payees bank statement. The first payment date needs to be a future date - ideally two weeks, which will give us enough time to lodge this form with your Bank.

We hope that this is a convenient way for you to support ECO's work, Kate Lower, our Executive Officer will welcome the opportunity to be of further assistance. She can be reached on 04 385 7545 or via e-mail eco@reddfish.co.nz. Please fill out the four shaded sections below and return this form to us at: **ECO * PO Box 11-057 * Wellington**

TO THE MANAGER,

NAME OF BANK

BRANCH

ADDRESS

NAME OF ACCOUNT:

ACCOUNT DETAILS:

BANK BRANCH NUMBER ACCOUNT NUMBER SUFFIX

PLEASE ENTER THESE DETAILS ON MY/OUR BANK STATEMENT:

PAYER PARTICULARS PAYER CODE PAYER REFERENCE

AUTHORITY FOR AUTOMATIC PAYMENTS
(Not to operate as an assignment or 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

BANK USE ONLY

DATE RECEIVED: RECORDED BY: CHECKED BY:

BANK STAMP

FREQUENCY AND AMOUNT

DATE OF FIRST PAYMENT: DATE OF LAST PAYMENT: OR UNTIL FURTHER NOTICE: TICK:

PLEASE TICK ONE:

WEEKLY FORTHIGHTLY FOUR WEEKLY MONTHLY OTHER PERIOD (PLEASE SPECIFY)

AMOUNT

\$ AMOUNT IN WORDS:

PAYEE DETAILS

PAY TO THE CREDIT OF:

NAME OF THE BANK: National Bank of NZ BRANCH: Courtney Place, Wellington

NAME OF THE ACCOUNT: ECO INC. ACCOUNT DETAILS: 060582 0007690 04

PLEASE ENTER THESE DETAILS ON THE PAYEE'S BANK STATEMENT: PAYER PARTICULARS PAYER CODE PAYER REFERENCE

AUTHORISATION

- 1. Please make the automatic payment described above by debiting my/our account
- 2. I/We understand and accept that the Bank accepts this authority only under the conditions described below.

The name of the account I/We wish to make payment from is:

CUSTOMER SIGNATURE / DATE CUSTOMER SIGNATURE / DATE CONTACT PHONE NUMBER

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 purpose of 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 in 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 determined 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 where 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.
- 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 other revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Bank.
- 10. All other Bank and Government charges for this service in force from time to time are to be debited to my/our account.