



Automatic Easypay Form

Fill out shaded boxes only

Thank you for your interest in supporting the ministry of Rhema Media. Because of people like you, New Zealanders are able to hear the Gospel in a way they can relate to. Any donation, regular or one-off, is greatly appreciated.

EASYPAY CONDITIONS

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

- 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 field on this authority or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
- 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.
- 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.
- 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.
- All current Bank charges for this service in force time to time are to be added to the payment amount and debited to my/our account.

Personal Information: (PLEASE PRINT)

Mr/Mrs/Miss/Rev _____ Home ph _____

Full Address _____ Work ph _____

_____ Mobile ph _____

Email _____ Year of Birth _____

AUTHORITY FOR AUTOMATIC PAYMENT <small>(Not to operate as an assignment or an agreement)</small>	IMPORTANT PLEASE TICK	<input type="checkbox"/> This is a new authority OR
		<input type="checkbox"/> As from ___/___/___ (first payment date), this authority replaces existing authorities for \$_____ in favour of the same payee.

Print your account name

Bank Account Number which payments are to be made from

Bank	Branch	Account Number	Suffix
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To: The Bank Manager

Bank _____

Branch _____

Postal Address _____

Town/City _____

I/We would like to make Automatic Payments from my/our account: (tick box)

Weekly Fortnightly Monthly Quarterly Half Yearly Yearly

First Payment Date* ___/___/___

Until Further Notice - Tick OR Last Payment Date ___/___/___

*When completing your first payment date please allow 14 days before first payment commences to allow sufficient time for processing.

Amount \$ _____ Amount in words _____

Information to appear on Rhema Media Inc Bank Statement

Payee Particulars (your name) _____

Payee Code (what support is for) _____

Payee Reference (your supporter number) _____

Information to appear on my/our Bank Statement

Payee Particulars **R H E M A M E D I A** _____

Payee Code (optional) _____

Payee Reference (optional) _____

Your Signature(s)

1 _____ 2 _____ Date ___/___/___

Pay to	R H E M A M E D I A I N C	Bank ANZ
Payee's Account Number	0 1 0 8 1 9 0 1 2 7 4 8 0 0 0	Branch Riccanton

Please complete this form and give to your bank