Cure One

Cure One person of leprosy in Bangladesh in six life changing stages.

To become a Cure One partner, please complete this form

Title		First Name		Last Name	
Organisation					
Address					
Suburb		City		Postcode	
Mobile		Home Ph		Work Ph	
Email				DOB	

We are working together with The Leprosy Mission Bangladesh to implement a Leprosy and Stigma Reduction Project. Curing at least 770 men, women and children from leprosy each year is a very important goal of this project. The total cost to cure one person, including helping each one to support and rebuild their life, is just $432.

Please accept <my/our> gift of $_____ each ☐ month, ☐ quarter, ☐ year

AUTOMATIC PAYMENT FORM

EITHER DEBIT MY CREDIT CARD: (PROCESSED ON THE 10TH OF EACH MONTH)

Visa / Mastercard / Diners / AMEX

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date ☐☐ / ☐☐ Full Name on card

OR SET UP AN AUTOMATIC PAYMENT

Name of Account Holder

My bank account details

☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐

Bank Branch No. Account Number Suffix

To the Bank Manager

Name of Bank Branch

Address

Please effect this Automatic Payemnt as detailed avbove by Debiting my/our account.
I/We acknowledge and accept that the bank accepts this authority only on the conditions listed on this form.

PAY TO: THE LEPROSY MISSION

0 2	0 2 6 4	0 0 2 9 0 1 8	0 0 3
Bank	Branch No.	Account Number	Suffix

SIGNATURE(S) OF ACCOUNT HOLDERS

I am over 18 years of age ☐ Date ☐☐ / ☐☐ / ☐☐

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Name

Code

Reference

C U R E O N E

FOR BANK USE ONLY A/P No. ☐☐☐ Type ☐☐

Charge ☐☐ Bank Int. ☐ Non Std. Com ☐☐☐

Non Std Com ☐☐☐ Freq. O'ride ☐

BANK STAMP

Date Received	Recorded by	Checked by: X	Code Reason:

CONDITIONS OF THIS AUTHORITY

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 a business, the bank accepts those directions without responsibility or liability for any refusal or omission to make all or any of the payments off or 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 understand 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 of 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 inrespect of the payments detailed above. 9. This order 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 order until notice of my/our death, 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.

Please post to: The Leprosy Mission, PO Box 10227, Dominion Road, Auckland 1446. Thank you

THE LEPROSY MISSION
Te Mihana Tuwhenua o Aotearoa