



SOCIAL EMPOWERMENT ECONOMIC DEVELOPMENT

NEW SUPPORT PROGRAMME



SEED IS OUR NEW MONTHLY SUPPORT PROGRAMME THAT PARTNERS YOU WITH A SPECIFIC COMMUNITY AFFECTED BY LEPROSY & POVERTY.

These communities desperately need your help!

JOIN TODAY > FREEPHONE 0800 862 873 > www.leprosymission.org.nz



SOCIAL EMPOWERMENT ECONOMIC DEVELOPMENT

Phone: 0800 862 873 > Fax: 09 623 1865 > Registered Charitable Trust No. AK/1044842

YES! I'D LIKE TO HELP FIGHT LEPROSY AND POVERTY.

Title First Name Last Name

Name of Company / Organisation (if relevant)

Permanent Address

Suburb City

Postcode Mobile

Home Ph Work Ph

Email D.O.B / /

I WILL BE SUPPORTING

Muzaffarpur, INDIA Faizabad, INDIA Khartoum, SUDAN Terai, NEPAL

Chittagong, BANGLADESH Addis Ababa, ETHIOPIA Where Most Needed

YES! I WANT TO HELP BY GIVING A REGULAR DONATION TO THE LEPROSY MISSION OF

(please tick) \$10 \$30 \$50 Other amount \$

Frequency (e.g. monthly) Start Date: / /

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

THIS IS A NEW AUTHORITY PLEASE TICK

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 Payment as detailed above 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

AUTOMATIC PAYMENT FORM

Please return to The Leprosy Mission. Post to P.O. Box 10227, Auckland

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Particulars (Your Name)

Code

S E E D P A R T N E R

Reference (Your Supporter Number OR leave blank if you do not have one)

SIGNATURE(S) OF ACCOUNT HOLDER

I am over 18 years of age Date: / /

FOR BANK USE ONLY	A/P No. <input type="text"/>	Type <input type="text"/>	BANK STAMP
Charge <input type="text"/>	Bank Int. <input type="text"/>	Non Std. Com <input type="text"/>	
Bulk/G.A Code <input type="text"/>	Freq. O'ride <input type="text"/>		
Date Received: <input type="text"/>	Recorded by: <input type="text"/>	Checked by: <input type="text"/>	X Code Reason: <input type="text"/>

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 of 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 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 in respect of the payments detailed over.
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.

