

Regular Giving

I would like to support Wellington Hospital with regular donations to help fund leading edge equipment and clinical care.



Merchant ID: 21338

Contact Details: please print clearly

Title: _____ First name: _____ Last name: _____

Postal Address: _____

Suburb: _____ City: _____ Postcode: _____

Email: _____ Phone: (day) _____

This is an ongoing donation and not a program for a one-off or limited donations

I would like to make a donation of \$ _____ Fortnightly Monthly Quarterly Annually

First Debit Date: / /
DATE MONTH YEAR

Signature: _____

The area(s) I would like to support with my regular gift: (f you select more than one area, your regular donation amount will be split equally).

Wellington Children's Hospital Heart & Lung Unit Blood & Cancer Centre Greatest Need

Credit Card Debit Request

Credit Card Type: Visa Mastercard AMEX

Name on Credit Card: _____

Card Number: Expiry date: /

Cardholder's Signature: _____ CVC:

Authority to Accept Direct Debit

Name:
(of bank account)

AUTHORITY TO ACCEPT DIRECT DEBITS
(Not to operate as an assignment or agreement)

Bank Account from which payments are to be made:

BANK BRANCH ACCOUNT NUMBER SUFFIX

AUTHORISATION CODE:

3 8 0 0 2 3 9

Please attached an encoded deposit slip if possible, so we can ensure your number is loaded correctly.

To: The Bank Manager

Bank:

Branch:

Town City:

I/We authorise you until further notice, to debit my/our account with all amounts which Wellington Hospitals Foundation, the registered initiator of the above Authorisation Code, may initiate by Direct Debit. I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse side of this form.

Information to appear on my/our bank statement:

W G T N H O S P I T A L

R E G G I F T

W H F

PAYER PARTICULARS

PAYER CODE

PAYER REFERENCE

Account Holder's Signature(s): _____

Date: / /
DAY MONTH YEAR

FOR BANK USE ONLY

APPROVED:
1535
0813

Date Received: _____ Recorded By: _____ Checked By: _____

BANK STAMP

CONDITIONS OF THIS AUTHORITY

1. The Initiator:

1.1 Will provide notice either:

1.1.1. in writing; or

1.1.2. by electronic mail where the Customer has provided prior written consent to the Initiator.

1.2 Has agreed to give advance Notice of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days (but not more than 2 calendar months) before the date when the Direct Debit will be initiated.

1.2.1 The advance notice will include the following message:

“Unless advice to the contrary is received from you by (date*), the amount of \$..... will be directly debited to your Bank account on (initiating date*).” *This date will be at least two (2) days prior to the initiating date to allow for amendment of Direct Debits.

1.3 May, upon the relationship which gave rise to this Instruction being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Instruction. Upon receipt of such notice the Bank may terminate this Instruction as to future payments by notice in writing to me/us.

1.4 May rely on this authority to debit a different bank account upon receipt of instructions from the customer via a bank to which their account has been transferred

2. The Customer may:

2.1 At any time, terminate this Instruction as to future payments by giving written (or by the means previously agreed in writing) notice of termination to the Bank and to the Initiator.

2.2 Stop payment of any Direct Debit to be initiated under this Instruction by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

3. The Customer acknowledges that:

3.1 This Instruction will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Instruction until actual notice of such event is received by the Bank.

3.2 In any event this Instruction is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.

3.3 Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Instruction. Any other disputes lies between me/us and the Initiator.

3.4 Where the Bank has used reasonable care and skill in acting in accordance with this Instruction, the Bank accepts no responsibility or liability in respect of:

3.4.1. the accuracy of information about Direct Debits on Bank statements; and

3.4.2. any variations between notices given by the Initiator and the amounts of Direct Debits.

3.5 The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with clause 1.1, nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. The Bank may:

4.1 In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Instruction, cheque or draft properly signed by me/us and given to or drawn on the Bank.

4.2 At any time terminate this Instruction as to future payments by notice in writing to me/us.

4.3 Charge its current fees for this service in force from time to time.

4.4 Upon receipt of an “authority to transfer form” signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debits

PRIVACY POLICY

It is with the support of people like you, that Wellington Hospitals Foundation can continue helping people in need. We would like to keep in touch with you and keep you informed about our work. We recognize the importance of your privacy and the safeguarding of your personal information. We are very careful with your details and will only use them to contact you about issues we believe will be important to you. If you do not wish to receive further communications from Wellington Hospitals Foundation please call us on (04) 806 2332. Wellington Hospitals Foundation is a registered charitable trust – Charity Number CC22912.