

Honouring God with our resources

Part of our worship is trusting God with our finances.

We love to give in support of what God is doing through our mission overseas.

We are extremely grateful that our government gives a 33% rebate on our charitable giving.

If you give through AP or envelope system, you get to make you giving go further.

Please see the office team or send an email for a number.

You can set up AP either by:

- Using the form on the back OR
- On your internet banking

If using the AP form please fill in the form as follows:

PAYEE DETAILS
Pay to the Credit of:

Name of Bank ANZ Branch WHANGAREI
Name of Account WHANGAREI CENTRAL BAPTIST CHURCH Account Number 06 0493 0005589 00
Bank Branch Account Number Suffix

Details to Appear on Payee's Bank Statement

Particulars (max. 12 characters)	Code (max. 12 characters)	Reference (max. 12 characters)
	DONATION	NUMBER



Your name



Your giving number



Authority for Automatic Payment

(Not to operate as an assignment or an agreement)

PAYER DETAILS

To: The Manager

Name of Bank

Branch

Name of Account

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.

ACCOUNT DETAILS

On behalf of
(Name if other than payer)

[][][][] [][][][] [][][][][][][][][][] [][][]
Bank Branch Account Number Suffix

Details to Appear on my/our Bank Statement

Particulars (max. 12 characters) Code (max. 12 characters) Reference (max. 12 characters)

[][][][][][][][][][][][][] [][][][][][][][][][][][][] [][][][][][][][][][][][][]

FREQUENCY AND AMOUNT

First Payment Date [][][] [][][] Last Payment Date [][][] [][][] or Until Further Notice (tick)

Frequency of Payment (tick one) Weekly Fortnightly 4 Weekly Monthly Other (please specify)

Fixed Amount \$ Amount (in words)

Variable Amount (tick one) First Last Variable Amount \$

Variable Amount (in words)

PAYEE DETAILS

Pay to the Credit of:

Name of Bank ANZ Branch WHANGAREI

Name of Account WHANGAREI CENTRAL BAPTIST CHURCH Account Number 06 0493 0005589 00

Bank Branch Account Number Suffix

Details to Appear on Payee's Bank Statement

Particulars (max. 12 characters) Code (max. 12 characters) Reference (max. 12 characters)

[][][][][][][][][][][][][] DONATION 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 a 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 the 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 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 determine the order of 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 above.
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 revocation of this authority until notice of my/our death or 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.

AUTHORISATION

1. Please make this automatic payment as detailed by debiting my/our account.
2. I/We understand and accept that the Bank accepts this authority only on the conditions above.

Name of Account (customer to complete)

Customer's Signature

Contact Telephone No. Date [][][] [][][] [][][]

Customer's Signature

Contact Telephone No. Date [][][] [][][] [][][]

BANK USE ONLY

Date Received [][][] [][][] [][][] Recorded By..... Checked By