

# Minds for Minds : Donor Form



Thank you for agreeing to become one of Minds for Minds valued group of donors via Automatic Payment. Your regular contributions will help Minds for Minds Charitable Trust support the unique partnership between researchers, clinicians and the community as we search for answers to the perplexing challenge of autism spectrum disorder. We are most grateful.

Please complete the details below and return with your completed Automatic Payment form to:

Minds for Minds Charitable Trust  
P O Box 34 209  
Birkenhead  
Auckland 0746

A tax receipt will be issued to registered givers after the end of each financial year.

Or email to [info@mindsforminds.org.nz](mailto:info@mindsforminds.org.nz)

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Title:

First Name:

Family Name:

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Street Address:

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Suburb/Town:

City:

Postcode:

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Contact Number:

Email Address:

Please indicate whether you would like to be kept informed about the work of Minds for Minds:	<input type="checkbox"/> Yes, please keep me informed
	<input type="checkbox"/> No, thanks

Signature: _____	Date: _____
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## PRIVACY STATEMENT:

- (a) I acknowledge that this information will be provided to Minds for Minds Charitable Trust, and my nominated bank only
- (b) I agree that Minds for Minds Charitable Trust may retain this information for the purposes of effecting the donations pledged
- (c) I understand that I am entitled to access and request correction of any personal information Minds for Minds Charitable Trust holds about me

We adhere to the New Zealand Privacy Act 1993 when we collect, use, disclose, store, provide access to, or otherwise deal with your personal information, including details in your pledge request. Any information you provide Minds for Minds Charitable Trust will be treated in the strictest confidence and will be used by Minds for Minds in connection with the administration of your pledge.

Minds for Minds Charitable Trust is a registered charity with Charities Services under Charitable Trust Registration Number CC50054

## ADMIN USE ONLY:

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Donor Number:

Commencement:

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Source:

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Notes:

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# CONDITIONS

1. The Bank will use reasonable care and skill to give effect to the directions given 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 late payments or for any omission to follow such directions.
3. The bank accepts no responsibility or liability for 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 arrangements 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 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 over.
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 other 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.

## GUIDE



Automatic Payment Authority

**If you need help to fill in this form there is a guide on the back**

Fill in your Account No.

Statement account only

1	2	3	0	1	2	0	8	6	5	4	3	2	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Branch where my/our account is held

Please start this Automatic Payment by debiting my/our account. Details are:

New Payment  
or  
 Change existing payment number   to the same account holder

Bank staff will fill this in for you.

Amount \$

This is the date we will make the first or changed payment.

Start/Change date

Frequency

This tells us how often you want us to make the payment, it could be weekly, fortnightly, monthly, 4 weekly, yearly, etc.

Pay to (name)

Pay to (account no.)

If you have been told the final date and amount complete these boxes and we will take care of it for you.

Until:  Further notice  
or  
 a final payment amount of \$  on

Information to appear on **their** Statement:  
Particulars  Code  Reference

Information to appear on **my** Statement:  
Particulars  Code  Reference

Any of our Bank Officers will be happy to explain anything in the "Conditions" clause.

**CONDITIONS:**  
I/We understand and accept that the Bank accepts this authority only upon the conditions on the reverse of this authority.

Name of Personal Account:  Mr/Ms/Miss/M  Mrs/Ms/Miss/M  D.L. SMITH  
OR  
Name of Business Account:

Customer's Signature <input type="text" value="D L Smith"/>	Contact Phone Number <input type="text" value="543 9876"/>	Customer's Signature <input type="text"/>	Contact Phone Number <input type="text"/>
Date <input type="text" value="07072015"/>	Date <input type="text"/>	Date <input type="text"/>	Date <input type="text"/>

<b>BANK USE ONLY</b>			
Form Accepted by	Signature Verified by	Details Alt/Loaded by	Checked to DBR of
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Signature)			
(Personnel No.)			

DATE STAMP

If you need to change any details to an existing payment, tick this box and then complete only the details that have changed.

Tell us the name of the person, or the company, who will be getting the money, and what their account number is. If you need to, you can use the shaded boxes.

This information will tell the person getting the money, who it came from. Some companies prefer a reference number and you should check with them first.

This information will help you remember where the payment went when you get your statement.

Don't forget to sign the form, and if you can, give us a phone number where we can call you during the day, if we need to discuss this form with you.