

Thank you for supporting Life Flight Trust
Please ensure all information is PRINTED IN BLOCK CAPITALS

Date: _	/ <u>AV</u> / <u>MONTH</u> / <u>2 0</u> YEAR					
Title:	IR/MRS/MISS/MS					
Given Name/s						
Address: _	IRST	MIDDLE		LAST		
U		ET NAME				
	UBURB	(W)	СІТҮ	(M)	POSTCODE	
Al	REA CODE	(W)		(M)		
	F YOU ARE HAPPY TO RECEIVE EMAIL UPDATES, F		SS ABOVE			
Date of Birth:	AAY / MONTH / YEAR					
BECOME A RED ANGEL		This is a committed o	ngoing donation and n	not a program for one-off	or limited donations.	
	Ablas danation of the					
I would like to make a mon t						
First Debit Date: 10th	or 20th of MONTH	2 0 ar	nd at monthly inter	vals thereafter.		
CREDIT CARD DEBIT REQU	JEST					
Credit Card Type:	Visa MasterCard	Diners	Amex			
Name on Credit Card:						
Credit Card No:			i i	Expiry Date:	2 0	
Cardholder's Signature:				монтн	YEAR	
AUTHORITY TO ACCEPT DI	RECT DEBIT					
BANK INSTRUCTIONS						
				AUTHORITY T		
NAME: (0f bank account)				DIRECT DEBITS		
				(Not to operate as a assign	nment or agreement)	
BANK ACCOUNT FROM WH	ICH PAYMENTS TO BE MAD	E:				
				AUTHORISATI	ON CODE:	
	OUNT NUMBER SUFFI	IV.		0 3 1 7	1 1 7	
(, todoo attaon an ontodoa appoint out						
To: The Bank Manager,	p to ensure your number is loaded cor					
To: The Bank Manager,						
BANK: BRANCH:						
BANK: BRANCH: TOWN / CITY:		rectly)	TRUST (hereinafter referr	red to as the Initiator) the reg	istered Initiator of	
BANK: BRANCH: TOWN / CITY: I/We authorise you until further noti the above Authorisation Code,	p to ensure your number is loaded cor ice, to debit my/our account with all an may initiate by Direct Debit. I/We ackn	mounts which LIFE FLIGHT and accept that the				
BANK: BRANCH: TOWN / CITY: I/We authorise you until further noti the above Authorisation Code, INFORMATION TO APPEAR	p to ensure your number is loaded cor ice, to debit my/our account with all an may initiate by Direct Debit. I/We ackn ON MY/OUR BANK STATEM	mounts which LIFE FLIGHT nowledge and accept that the	e bank accepts this autho			
BANK: BRANCH: TOWN / CITY: I/We authorise you until further noti the above Authorisation Code,	p to ensure your number is loaded cor ice, to debit my/our account with all an may initiate by Direct Debit. I/We ackn ON MY/OUR BANK STATEM	mounts which LIFE FLIGHT and accept that the	e bank accepts this author			
BANK: BRANCH: TOWN / CITY: I/We authorise you until further noting the above Authorisation Code, INFORMATION TO APPEAR R E G G I F T	ice, to debit my/our account with all an may initiate by Direct Debit. I/We ackn	mounts which LIFE FLIGHT nowledge and accept that the	e bank accepts this author	rity only upon the conditions		
BANK: BRANCH: TOWN / CITY: I/We authorise you until further notithe above Authorisation Code, INFORMATION TO APPEAR REGGGGIFT PAYER PARTICULARS	ice, to debit my/our account with all an may initiate by Direct Debit. I/We ackn	mounts which LIFE FLIGHT nowledge and accept that the	e bank accepts this author	rity only upon the conditions	listed below.	
BANK: BRANCH: TOWN / CITY: I/We authorise you until further notithe above Authorisation Code, INFORMATION TO APPEAR REGGGGIFT PAYER PARTICULARS	ice, to debit my/our account with all an may initiate by Direct Debit. I/We ackn	mounts which LIFE FLIGHT nowledge and accept that the ENT:	e bank accepts this author	rity only upon the conditions REFERENCE	listed below.	
BANK: BRANCH: TOWN / CITY: I/We authorise you until further noting the above Authorisation Code, INFORMATION TO APPEAR REGGGIFT PAYER PARTICULARS Account Holder's Signature	ice, to debit my/our account with all an may initiate by Direct Debit. I/We acknow ON MY/OUR BANK STATEM ON MY/OUR BANK STATEM PAYER CODE	mounts which LIFE FLIGHT nowledge and accept that the ENT:	e bank accepts this author	rity only upon the conditions REFERENCE	2 0 YEAR	
BANK: BRANCH: TOWN / CITY: I/We authorise you until further noting the above Authorisation Code, INFORMATION TO APPEAR REGGGIFT PAYER PARTICULARS Account Holder's Signature APPROVED: 1711	ice, to debit my/our account with all an may initiate by Direct Debit. I/We ackn ON MY/OUR BANK STATEM L I F PAYER CODE E(S): FOR BANK USE ON	mounts which LIFE FLIGHT nowledge and accept that the ENT:	e bank accepts this author	REFERENCE DAY MONTH	2 0 YEAR	



Life Flight Trust Email: info@lifeflight.org.nz Phone: (04) 920 2242 Postal: PO Box 14448 Kilbirnie, Wellington 6241 ©2012. The Life Flight Trust is a registered charity (#CC24283) and a Fundraising Institute of NZ member.

CONDITIONS OF AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator:

[a] Undertakes to give notice to the Acceptor of the commencement date, frequency and amount at least 5 calendar days before the first Direct Debit is drawn [but no more than 2 calendar months]. This notice will be provided either:

[i] in writing; or

[ii] by electronic mail where the Customer has provided prior written consent to the Initiator

Where the Direct Debit system is used for the collection of payments which are regular as to frequency, but variable as to amounts, the initiator undertakes to provide the Acceptor with a schedule detailing each payment amount and each payment date

In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give advanced notice of at least 30 days before changes come into effect.

This notice must be provided either: [i] in writing; or

[ii] by electronic mail where the Customer has provided prior written consent to the Initiator

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

2. The Customer may:

[a] At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.

[b] Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

[c] Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of 1 [a] above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of the Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:

[a] This authority 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 authority until actual notice of such event is received by the Bank.

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

[c] 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 authority. Any other disputes lies between me/us and the Initiator.

[d] Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability, in respect of:

- the accuracy of information about Direct Debits on Bank statements
- any variations between notices given by the Initiator and the amounts of Direct Debits

[e] The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the nonreceipt 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:

[a] In its absolute discretion conclusively determine the order of priority payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank

[b] At any time terminate this authority as to future payments by notice in writing to me/us.

[c] Charge its current fees for this service in force from time-to-time.