INSTRUCTIONS

- Please complete all sections of this form in BLOCK CAPITALS
- Return this completed form to MOBILITY DOGS, P.O. Box 300-563, Albany, Auckland 0752
- For assistance please phone us on (09) 448-5520 or 0800MOBDOG (662-364)
- Please note conditions of this authority at the bottom of the form

TO MOBILITY ASSISTANCE DOGS TRUST

I / We would like to take advantage of the automatic payment option
I / We would like to pay: (Tick one)

☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

Amount $	**Amount in Words**

Start Date **Finish Date** **OR: Until Further Notice**

☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐ ☐

Authority to accept Automatic Payment (Not to operate as an assignment or agreement)

PAYER DETAILS:
Name on bank account: _____ **Bank/Branch:** _____

	Bank/Branch	Account number	Suffix
Bank Account	☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐

I / We authorise you until further notice in writing to debit my/our account with all amounts which Mobility Assistance Dogs Trust. I/We acknowledge that the bank accepts this authority only upon the conditions listed over the page.

Information to appear on my/our bank statement:
Reference

M	**O**	**B**	**I**	**L**	**I**	**T**	**Y**	**D**	**O**	**G**	**S**

Pay to the credit of: MOBILITY ASSISTANCE DOGS TRUST

	Bank/ Branch	Account Number	Suffix
Bank Account	☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐

Details to appear on Mobility Dogs Bank Statement:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐

Please do NOT send this form to your bank – return to us at: P.O. Box 300-563, Albany, Auckland 0752
Once this form has been processed, we will send you a letter of confirmation.
Postal address (for receipt purposes) _____

_____

Ph (day)_____ (mobile)_____

Email _____ **SIGNATURE**_____ **Date** _____/____/____

Conditions

- The bank will use reasonable care and skill to give effect to the directions given to it in this authority.
- 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 payment or for any omission to follow such directions.
- The bank accepts no responsibility or liability for the accuracy or the information contained in the payment information fields on this authority.
- I/we will advise the Bank immediately of any information shown on bank statements which is incorrect.
- This authority is subject to any arrangement existing now or in the future between me/us and the Bank in relation to my/our account.
- The bank may in its absolute discretion conclusively determine the order or priority of payment by it of any money in accordance with this or any other authority or cheque which I/we may now or in the future give to the Bank or draw on my/our account.
- The Bank may in its absolute discretion refuse to make any one or more payments in accordance with this authority where there are insufficient funds available in my/our account.
- 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.
- This authority will remain in force for all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this authority until notice or my/our death or bankruptcy or other revocation is received by the Bank.
- All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.