



## the '500 club' contract

Please complete and return by freepost to: Freepost Authority 108064, Ronald McDonald House® Auckland, PO Box 110119, Auckland Hospital, Auckland 1148

Company name: \_\_\_\_\_

Trading as (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

We are delighted to commit to an annual membership of the '500 Club'.

Term of membership:  1 year \$240  2 years \$480  3 years \$720.

We will pay:

1 year membership 2010-2011 (cheque enclosed).

2 year membership 2010-2012 (cheque enclosed).

3 year membership 2010-2013 (cheque enclosed).

2 year membership (Year 1 cheque enclosed). Year 2 please bill me on the anniversary.

3 year membership (Year 1 & 2 cheque enclosed). Year 3 please bill me on the anniversary.

We will establish an annual automatic payment (please complete the automatic payment authority on the reverse side of this form).

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_

Signed for Ronald McDonald House Auckland:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_

Authorisation:

Date received: / / Recorded by: \_\_\_\_\_ Checked by: \_\_\_\_\_





# automatic payment authority

Please complete and return by freepost to: Freepost Authority 108064, Ronald McDonald House® Auckland, PO Box 110119, Auckland Hospital, Auckland 1148

Mr/Mrs/Miss/Ms/Dr (Please circle) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Day phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### Your bank account details:

Name of bank: \_\_\_\_\_ Bank address: \_\_\_\_\_

Account name: \_\_\_\_\_ Account number: \_\_\_\_\_

### Please start this automatic payment by debiting my/our account:

Amount: \$ \_\_\_\_\_ Amount in words: \_\_\_\_\_

Start/Change date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Frequency: \_\_\_\_\_

Weekly  Fortnightly  Monthly  Quarterly  Yearly  Until further notice  or until: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Pay to:** RMH Auckland Trust, PO Box 110119, Auckland Hospital, Auckland 1148, Account: 123 066 006 2216 00

### Information to appear on RMH Auckland Trust bank statement:

Your full name: \_\_\_\_\_

Description: Automatic payment ID# \_\_\_\_\_ (To be completed by RMHA)

### Information to appear on your bank statement:

Payer name: RMH Auckland Trust. Payer description: Donation

#### Important: (Please tick relevant box)

This is a new authority; Or,

From above commencing date, this authority replaces existing authorities for: \$ \_\_\_\_\_ in favour of RMH Auckland Trust.

**Authorisation:** Please make this automatic payment by debiting my/our account. I/we understand and accept that the Bank accepts this authority on the conditions below.

Your signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Second signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Conditions:** 1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority. account. 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 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 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 or priority of payment by it of any monies pursuant to this or any other authority or cheque which I/we may now 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 order 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 order until notice of my/our death, 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:

Date received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Recorded by: \_\_\_\_\_ Checked by: \_\_\_\_\_

