



# YES, I want to be a Red Puppy Sponsor



**Blind Low Vision NZ**  
Guide Dogs

### Annual tax receipt preference:

Email: ..... Ph: .....  By email **OR**  By post  
Please supply your email address so we can keep you up to date with our news and campaigns by email. You can unsubscribe at any time.

**Please choose your preferred payment method and return this entire form. Thank you.**

### Gift details

Please accept my gift of:  \$20 a month **OR**  I would like to give \$ .....each month

Please indicate your preferred payment date:  10th or  25th. Processed monthly until further notice.

### Option 1 Credit Card: I would like to charge my gift to my credit card.

VISA  Master Card  American Expres  Diners Club

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Card number

		/		
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Expiry date

.....  
Name of cardholder

.....  
Signature

### Option 2 Direct Debit: I would like to make my gift by direct debit.

<b>Name:</b> (of Bank Account holder)
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<b>Authority to accept Direct Debits</b> (Not to operate as an assignment or agreement)
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### Bank account from which payments to be made:

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Bank Branch Account Number Suffix

(Please attach an encoded deposit slip to ensure your number is loaded correctly)

<b>Authorisation Code</b>						
0	2	1	7	1	2	2

### To the Bank Manager:

Bank: .....
Branch: .....
Town/City: .....

I/We authorise you, until further notice, to debit my/our account with all amounts which the **Blind Foundation** (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.  
I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse.

Your Signature(s):
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Date: / /
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### Information to appear on my/our Bank Statement

Payer Particulars	Payer Code	Payer Reference

<b>Approved</b> 1712	
05	12

<b>For Bank Use Only</b> Original - Retain at Branch		
Date Received:	Recorded by:	Checked by:

BANK STAMP
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Please return this completed form to Blind Low Vision NZ, Freepost 70894, Private Bag 99910, Newmarket, Auckland 1149  
Phone 0800 787 743 Email [supportercare@blindlowvision.org.nz](mailto:supportercare@blindlowvision.org.nz) Web [blindlowvision.org.nz](http://blindlowvision.org.nz) **Thank you!**

## Conditions of this Authority

### 1. The Initiator:

- (a) Undertakes to give notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first Direct Debit is drawn (but no more than 2 calendar months). This notice will be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (by electronic means including SMS) to communicate electronically).

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 the 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 advance notice of at least 30 days before the changes comes into effect. This notice must be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (including by electronic means including SMS) to communicate electronically).

- (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 notice of termination to the Bank and to the Initiator by means agreed by the customer, Bank and 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 clause 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 a 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 dispute 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; and  
– 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 notice in accordance with 1(a) nor for the non-receipt 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.
- (f) Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

### 4. The Bank may:

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly signed 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.

We would love to occasionally send you information about our work and issues we believe will be important to you. We recognise the importance of your privacy and will not share your details with any third parties. If you do not wish to receive further communications from us, or to receive a copy of our privacy statement, please call 0800 366 283 or email [supportercare@blindfoundation.org.nz](mailto:supportercare@blindfoundation.org.nz)