

Kiwi Solidarity Member Form



Thank you for agreeing to support the UnionAID program and become a Kiwi Solidarity Member.

Please indicate below the monthly amount that you wish to have direct debited from your account.

\$10	\$20	\$50	\$80	Other <small>(please specify \$)</small>
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Please also indicate whether you prefer to receive notification of direct debit payments and other events by regular post or by email*

Regular post

Electronic mail

**By selecting this option, and signing below, this serves as written authorisation to receive electronic mail from UnionAID for the purposes of notification of Kiwi Solidarity contributions, and other information about the program.*

Please provide your full contact details.

Name: _____ Phone: _____

Address: _____ email:* _____

Signature: _____

Next steps:

UnionAID will process your direct debit form. This will have your UnionAID member number filled in to enable correct processing of your donation.

UnionAID will send you a statement of direct debit dates for the next 12 months.

Unless requested to the contrary, receipts for donations for the year ending 31 March will be sent to all members by 30 April.

Please return this form to

UnionAID
P O Box 6689
Marion Square
Wellington 6141

email: unionaid@nzctu fax: 04 385 6051

UnionAID use only:

Member number allocated _____

DD Form processed, date: _____

Member file updated with number and contact details:

Initial

DIRECT DEBIT PAYMENT AUTHORITY

UNIONS AOTEAROA INTERNATIONAL DEVELOPMENT TRUST

P O Box 6689 Marion Square, Wellington.



BANK INSTRUCTIONS
NAME:
(Of Bank Account)

AUTHORITY TO ACCEPT DIRECT DEBITS (Not to operate as an assignment or agreement)
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BANK ACCOUNT FROM WHICH PAYMENTS TO BE MADE:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account Number	Suffix

AUTHORISATION CODE
0 1 1 1 6 8 5

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

To: The Bank Manager,
BANK:
BRANCH:
TOWN/CITY:

I/We authorise you until further notice, to debit my/our account with all amounts which
UNIONS AOTEAROA INTERNATIONAL DEVELOPMENT TRUST
 (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 below.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT:

PAYER PARTICULARS	PAYER CODE	PAYER REFERENCE
U N I O N A I D		

INFORMATION TO APPEAR ON UNIONAID BANK STATEMENT:

KIWI SOLIDARITY MEMBER NUMBER
<input type="text"/>

YOUR SIGNATURE(S)
<hr/>
DATE: / /

Approved 1168	For Bank Use Only	BANK STAMP
05 2009	Original - Retain at Branch	
Date Received:	Recorded by:	

CONDITIONS OF THIS AUTHORITY

- The Initiator:
 - 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 30 days) before the first Direct Debit is drawn. This notice will be provided either:-
 - in writing; or
 - 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 statement 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 advance notice of at least 30 days before the changes or variations to the Direct Debits. This notice must be provided either:-
 - in writing; or
 - by electronic mail where the Customer has provided prior written consent to the Initiator".
 - 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.
- The Customer may:
 - At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
 - 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.
 - 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) 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 Direct Debit System PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.
- The Customer acknowledges that:
 - 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.
 - 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.
 - 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.
 - 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.
 - 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. In any such situation the dispute lies between me/us and the Initiator.
 - Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payments 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.
- The Bank may:
 - 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 executed by me/us and given to or drawn on the Bank.
 - At any time terminate this Authority as to future payments by notice in writing to me/us.
 - Charge its current fees for this service in force from time-to-time.