RGM2021

NZRDA PEGASUS PROGRAMME

NZRDA
New Zealand Riding for the Disabled

PLEASE RETURN COMPLETED FORM TO:
NZRDA National Office, PO Box 58110, Whitby, Porirua 5245
Charities Commission Number: CC38921

YES, I want to Help NZRDA make a positive difference

AUTHORITY FOR AUTOMATIC PAYMENTS (Not to operate as an assignment or agreement)

PAYER DETAILS *To the Manager:*

Name of Bank

Branch

Address

Name of Account

IMPORTANT: PLEASE TICK

☐ This is a new authority

OR

☐ As of _____, this authority replaces existing authorities for $_____ in favour of the same payee.

Account Details

Bank | Branch No. | Account No. | Suffix

On behalf of: Name if other than payer:

Details to appear on my/our bank statement

Particulars: R G D O N A T I O N

Code: N Z R D A

Reference: P E G A S U S

FREQUENCY AND AMOUNT

First Payment Date

Last Payment Date

OR Until Further Notice *(please tick)* ☐

Frequency *(please tick one)* ☐ Weekly ☐ Fortnightly ☐ Four Weekly ☐ Monthly Other (state)

Fixed Amount — Amount ($) — Amount in Words

Variable First Amount ☐
Variable Last Amount ☐
Amount ($) — Amount in Words

PAYEE DETAILS *Pay to the Credit of:*

Name of Bank: **BNZ**

Name of Branch: **Manners Street**

Name of Account: **NZ Riding for the Disabled Association (inc)**

Bank	Branch No.	Account No.	Suffix
02	056	0274392	00

Details to appear on Payee's bank statement

Particulars

Code: R E G U L A R

Reference

AUTHORISATION

1. Please make this automatic payment as detailed by debiting my/our account.
2. I/We understand and accept that the Bank accepts this authority only on the conditions above.

Name of Account

Signature

Date / /

Contact Telephone No.