



LIFE TITHES / OFFERINGS

AUTOMATIC PAYMENT SET UP FORM INSTRUCTIONS

You can set up an Automatic Payment using the attached form or through internet banking. Please see related instructions below.

1) Using the Attached Form

i) PAYMENT DETAILS:

Please complete your bank details

ii) FREQUENCY AND AMOUNT:

Please fill in the amount, frequency of payment and the last payment date.

iii) Please do not make changes to PAYEE DETAILS

iv) Please send the completed form to your bank.

2) Setting Up Automatic Payment via Internet Banking

i) FREQUENCY AND AMOUNT:

Please fill in the amount, frequency of payment and the last payment date.

ii) PAYEE DETAILS:

- **Name of Bank:** ASB
- **Branch:** Mt Eden, Auckland
- **Name of Account:** LIFE
- **Account No.:** 12 3048 0306512 000
- **Particulars:** Your name (only up to 12 characters)
- **Code:** for example: CENTRAL, SOUTH, NORTH, (Tithes) or Legacy, YA, etc
- **Reference:** Your Tithe number (fill in the number as per attached form)

Each automatic payment is only for one type of payment, if you would like your AP to be allocated to more than one area, please contact us for more details.

If you have any queries, please contact Amanda Soper on 308 6753 or Amanda.soper@lifenz.org

LIFE TITHES / OFFERINGS AUTOMATIC PAYMENT SET UP FORM



PAYER DETAILS To The Manager	AUTHORITY FOR AUTOMATIC PAYMENTS (Not to operate as an assignment or an agreement.)
Name of Bank	IMPORTANT PLEASE TICK <input type="checkbox"/> This is a new authority, or <input type="checkbox"/> As from / / (first payment date), this authority replaces existing authorities for \$ in favour of the same payee.
Branch	
Name of Account	

ACCOUNT DETAILS

On behalf of:
(Name if other than payer)

Bank/ Branch number Account number Suffix

Details to appear on my/our Bank statement.

Particulars (max 12 characters) Code (max 12 characters) Reference (max 12 characters)

FREQUENCY AND AMOUNT

First Payment Date	Last Payment Date	or	Until Further Notice (tick) <input type="checkbox"/>
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Frequency:

Fixed Amount	Amount \$	Amount in Words
Complete if applicable (one option only)		
Variable Amount <input type="checkbox"/> First <input type="checkbox"/> Last (tick one)	Amount \$	Amount in Words

PAYEE DETAILS

Pay to the credit of:

Name of Bank ASB	Branch Mt Eden
Name of Account L I F E	Bank/Branch 1 2 3 0 4 8
	Account Number 0 3 0 6 5 1 2
	Suffix 0 0 0

Details to appear on payee's Bank statement.

Particulars (max 12 characters) Your Name Code (max 12 characters) Reference (max 12 characters) T I T H E #

AUTHORISATION	Bank use
1. Please make this automatic payment as detailed by debiting my/our account.	Date received : / /
2. I/We understand and accept that the Bank accepts this authority only on the conditions above.	Recorded by:
Name of Account (customer to complete)	Checked by:
Customer's Signature	Date / /
Contact Telephone No.	Date / /
Customer's Signature	Date / /
Contact Telephone No.	Date / /