

corso

just working for a just world

1. Your Details

Mr/Mrs/Miss/Ms/Other

First Name :	Last Name :
Address :	
Phone :	Email :

I would like to pay by automatic payment (see over for credit card or internet payment options)

2. Payer Details	
Name of Bank	
Branch	
Name of Account	

Authority for Automatic Payments (not to operate as an assignment or an agreement)	
IMPORTANT PLEASE TICK	
<input type="checkbox"/> This is a new authority OR <input type="checkbox"/> As from : / / first payment date This automatic payment replaces existing automatic payment to us	

Account Details

Bank	Branch Number	Account number	Suffix	On behalf of (name if other than payer)
<table border="1" style="display: inline-table; vertical-align: top; width: 50px; height: 30px;"></table>	<table border="1" style="display: inline-table; vertical-align: top; width: 50px; height: 30px;"></table>	<table border="1" style="display: inline-table; vertical-align: top; width: 150px; height: 30px;"></table>	<table border="1" style="display: inline-table; vertical-align: top; width: 50px; height: 30px;"></table>	<table border="1" style="display: inline-table; vertical-align: top; width: 200px; height: 30px;"></table>

Details to appear on my/our bank statement

Particulars	Code	Reference
<table border="1" style="display: inline-table; vertical-align: top; width: 200px; height: 30px;"></table>	<table border="1" style="display: inline-table; vertical-align: top; width: 100px; height: 30px;"></table>	<table border="1" style="display: inline-table; vertical-align: top; width: 150px; height: 30px;"></table>

3. Gift Details

Frequency and amount

First payment date : / / (please leave 4 weeks from today's date)	Until further notice Please TICK	Last payment date / /	Frequency Monthly
<table border="1" style="display: inline-table; vertical-align: top; width: 200px; height: 30px;"></table>	<table border="1" style="display: inline-table; vertical-align: top; width: 100px; height: 30px;"></table>	<table border="1" style="display: inline-table; vertical-align: top; width: 100px; height: 30px;"></table>	<table border="1" style="display: inline-table; vertical-align: top; width: 100px; height: 30px;"></table>

Amount \$	Amount in words :
<table border="1" style="display: inline-table; vertical-align: top; width: 150px; height: 30px;"></table>	<table border="1" style="display: inline-table; vertical-align: top; width: 300px; height: 30px;"></table>

4. Corso Inc. Details

Pay to the credit of

Bank	Branch	Name of account :
ANZ	WAITARA	Corso (Incorporated) Pledge Account

Bank	Branch Number	Account number	Suffix
<table border="1" style="display: inline-table; vertical-align: top; width: 50px; height: 30px;"></table>	<table border="1" style="display: inline-table; vertical-align: top; width: 50px; height: 30px;"></table>	<table border="1" style="display: inline-table; vertical-align: top; width: 150px; height: 30px;"></table>	<table border="1" style="display: inline-table; vertical-align: top; width: 50px; height: 30px;"></table>

Details to appear on payee's bank statement

Particulars	Code (to be completed by us)	Your Name
<table border="1" style="display: inline-table; vertical-align: top; width: 200px; height: 30px;"></table>	<table border="1" style="display: inline-table; vertical-align: top; width: 100px; height: 30px;"></table>	<table border="1" style="display: inline-table; vertical-align: top; width: 150px; height: 30px;"></table>

5. Your signature

Please make this automatic payment as detailed by debiting my/our account

Signature : _____ Date : / / Contact Ph N° : _____
Signature : _____ Date : / /

OR

I would like to pay by credit card

Please accept my gift of \$ _____ a month

Please charge my regular gift to :

Visa
 Mastercard

Card Number

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Name of cardholder : _____

Expiry Date : _____

Signature : _____

OR

I would like to pay by internet banking

I would arrange to pay \$ _____ per month direct to Corso Inc. account

Name of account : Corso (Incorporated) Pledge Account

Bank 0 6

Branch Number 0 5 1 3

Account number 0 0 2 6 1 8 5

Suffix 0 3

Please return this completed form to :

Corso National Inc, PO BOX 213, Waitara, 4346 TARANAKI

Thank you



Please check you have filled in your name and address details on the front of this form so that we can send you receipt

All donations over \$5 are tax deductible.