

*Thank you for supporting the NZCPR. Your automatic payment contribution helps ensure the ongoing production of NZCPR Weekly and the maintenance and development of the New Zealand Centre for Political Research's website which facilitates the free exchange of ideas on public policy matters.*

*Please send this completed form back to us so that we can forward it onto your bank. (If you wish to set up this auto-payment system yourself via internet banking, please advise Muriel by email at [muriel@nzcpr.com](mailto:muriel@nzcpr.com) with the start date, amount and frequency of payments.) Very many thanks for your help - it is greatly appreciated!*

### My details

Name \_\_\_\_\_ Email \_\_\_\_\_  
Postal address \_\_\_\_\_ Day phone \_\_\_\_\_

### Account details

Name of my bank \_\_\_\_\_ Bank branch \_\_\_\_\_

Please start this automatic payment by debiting my/our account. Details are:

New payment  Change existing payment no.    to the same account holder

Name of my account \_\_\_\_\_

My account number

### Frequency and amount

Please specify amount and frequency below

Specify amount \$ \_\_\_\_\_ Frequency (please circle one) Weekly / Fortnightly / Monthly

First payment date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last payment date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ OR  Until further notice

Information to appear on my Statement:

Particulars

Code

Reference (optional)

### Pay to

Please pay to **NZCPR** Account number **123099-0833814-00**

Information to appear on NZCPR's Statement:

Particulars (surname or name of company)

Code (optional)

Reference (optional)

### Authorisation

**CONDITIONS:** I / We understand and accept that the Bank accepts this authority only upon the conditions on the reverse of this authority.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
My signature Contact phone Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Additional signature Contact phone Date  
(if two required)

**Please post this form directly to NZCPR: PO Box 984, Whangarei 0140.**

# CONDITIONS

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
2. Where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow such directions.
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
6. 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 or cheque which I/we may now or hereafter give to the Bank or draw on my/our account.
7. The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account.
8. This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed over.
9. This authority will remain in force and affect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

## FOR BANK USE ONLY

Date Received	Recorded By:	Checked By:

<b>BANK STAMP</b>
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FOR MORE INFORMATION CONTACT  
**THE NEW ZEALAND CENTRE FOR POLITICAL RESEARCH**  
Contact [admin@nzcpr.com](mailto:admin@nzcpr.com), ph 09 43434836, see [www.nzcpr.com](http://www.nzcpr.com)