# Making a donation to the Harcourts Foundation

Part 1 Your donation	
Pleas select one of the following:	
Individual donation □ <b>or</b> Visa Group/office/organisation donation □	
Your donation amount: \$	
Part 2 Your details	
Your name (first & surname):	
Office/organisation:	
Your postal address:	
Your email:	
Your signature:	
Part 3 Your payment	
I'm making a gift by (please select one of the following four options):	
☐ Cheque (PROCEED TO PART 3A) <b>or</b>	
☐ Credit card (PROCEED TO PART 3B) <b>or</b>	
☐ Electronic funds transfer (PROCEED TO PART 3C) <b>or</b>	
☐ Monthly direct debit (PROCEED TO PART 3D)	
Part 3A Donate by cheque	
Enclose cheque (made payable to the Harcourts Foundation) and return it to:	
Harcourts Finance, Harcourts Foundation, PO Box 99549, Auckland, 1149	
Part 3B Donation by credit card	
Please charge my MasterCard: □ <b>or</b> Visa □	
Card no.:	Expiry date:
Name on card:	Signature:
Part 3C Donation by electronic funds transfer	

Please include the following reference details in your transaction: your name and your office **BNZ Account** 

Name: The Harcourts Foundation

Account number: 02 0800 0686215 000



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# Part 3D Monthly direct debit

Your donation amount of \$ will be debited from your account on the 20th of each month.

Authority to accept direct debits (not to act as an assignment or agreement). Authorisation code: 0217958.

### Account to be debited

Name (of bank account):

Bank (3 CHARACTERS) Branch (4 CHARACTERS

Account no. (7 CHARACTERS)

Suffix (3 CHARACTERS)

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

### Acknowledgment to the bank manager

Name of bank where account is held:

Branch:

Town / city:

I/We authorise you until further notice, to debit my/our account with all amounts which the Harcourts Foundation (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 (11 CHARACTERS MAX.)

APPROVED

FOR BANK USE ONLY

ORIGINAL - RETAIN AT BRANCH

RECORDED

BANK STAMP

 $Payer\ code\ {\tiny (11\ CHARACTERS\ MAX.)}$ 

Payer reference (11 CHARACTERS MAX.)

Signature:

DATE

RECEIVED

Conditions of this authority

### 1. The Initiator

(A) Has agreed to give advance Notice of the net amount of each direct debit and the due date of debiting at least 10 calendar days before (but not more than 2 calendar months) the date the direct debit will be initiated. This notice will be provided either (i) in writing; or

(ii) by any other means which provides a verifiable record of the initiated transaction and where the Customer has provided prior written consent to the Initiator. The advance notice will include the following message: "Unless advice to the contrary is received from you by ("date), the amount of \$...... will be directly debited to your Bank account on (initiating date)." \* This date will be at least two days prior to the due date to allow for amendment of direct debits

(B) 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.

## 2. The Customer may:

(A) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.

(B) 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.

### 3. The Customer acknowledges that:

(A) This authority will remain in full force and effect in respect of all direct debits made from me/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

- (B) 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.
- (C) 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 lie between me/ us and the Initiator.
- (D) 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
- (E) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

### 4. The Bank may:

(A) 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.

(B) At any time terminate this authority as to future payments by notice in writing

(C) Charge its current fees for this service in force from time-to-time.

"To provide support that helps, grows, and enriches our communities"

www.HarcourtsFoundation.org



# Making a donation to the Harcourts Foundation

# Part 4 Supply

Return this completed form via one of the following methods

### Post

Harcourts Finance, Harcourts Foundation, PO Box 99549, Auckland, 1149

### **Email**

newzealand@harcourtsfoundation.org

### Would you like to tell us about your donation?

We'd love to hear how the money was raised, who was involved, and any other details. Please email photos and details to: newzealand@harcourtsfoundation.org

