AUTOMATIC PAYMENT AUTHORITY

South Auckland Christian Food Bank

(Not to operate as an assignment or an agreement) Please send this signed and completed form back to us. If you wish to set this up yourself via internet banking, please email admin@sacfb.org advising start date, amount and frequency of payments.

MY PERSONAL DETAILS

First Name _____

Surname _____

Postal address _____

_____

_____

_____

Email _____

Day phone _____

MY ACCOUNT DETAILS

Please start this automatic payment by debiting my account:

Name of my bank _____

Bank branch _____

Name of my account _____

My account number:

Bank Branch Account Number Suffix

This is a: ☐ New payment

☐ Existing payment

Please change existing payment no. ☐☐☐ to the same account holder.

FREQUENCY AND AMOUNT

☐ $20 per month ☐ $30 per month ☐ $50 per month ☐ $100 per month ☐ Other (Please specify amount and frequency below)

Amount $ _____ Frequency: ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Four-weekly

First payment date ___/___/___ (DD MM YYYY) Last payment date ___/___/___ (DD MM YYYY) or ☐ Until further notice

Information to appear on my Statement:

S	A	C	F	B														

Particulars

D	O	N	A	T	I	O	N											

Code

Reference (Optional)

PAY TO

Please pay to South Auckland Christian Foodbank

Account number: 06 – 0869 -0320369 – 01

Information to appear on SACFB's Statement:

Particulars (surname or name of company)

Code (optional)

Reference (optional)

AUTHORITY

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

Signature _____ Contact phone _____ Date ___/___/___ (DD MM YYYY)

Additional signature (if two required) _____ Contact phone _____ Date ___/___/___ (DD MM YYYY)

Please post this form directly to SACFB, 75 Omana Road Papatoetoe, 2025