AUTOMATIC PAYMENT AUTHORITY

Ian Foster

(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:

Particulars	Code	Reference (Optional)
S A C F B	D O N A T I O N	I A N F O S T E R

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