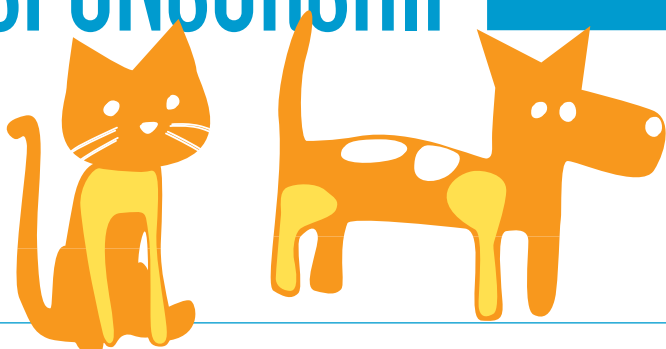


BED & BOARD CAGE SPONSORSHIP

“ Thank you for helping us look after an animal waiting to go to a forever home. You will receive regular updates and pictures of the animal you are caring for, newsletters and invitations to shelter events. ”



NAME

ADDRESS

EMAIL

PHONE

**SELECT ONE AREA
IN WHICH YOU
WOULD LIKE TO
SPONSOR A CAGE**

- | | | | |
|----------------------------------|--|---|---|
| <input type="checkbox"/> CAT RUN | <input type="checkbox"/> SPECIAL CARE CATS | <input type="checkbox"/> SURGERY | <input type="checkbox"/> PUPPY RUN |
| <input type="checkbox"/> DOG RUN | <input type="checkbox"/> RABBIT RUN | <input type="checkbox"/> KAPITI SHELTER CAT RUN | <input type="checkbox"/> KAPITI SHELTER DOG & PUPPY RUN |

**FREQUENCY
AND AMOUNT**

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> MONTHLY (minimum \$15) | <input type="checkbox"/> QUARTERLY (minimum \$45) | <input type="checkbox"/> SIX-MONTHLY (minimum \$90) | <input type="checkbox"/> ANNUALLY (minimum \$180) |
|---|---|---|---|

AMOUNT \$

**PAYMENT
METHOD**

- AUTOMATIC PAYMENT**
Please complete the Authority for Automatic Payments on the reverse of this form.
- CREDIT CARD**
We will charge your credit card on the 15th of the month your pledge is due (or the next working day). Please complete the following details:
- | | |
|---|--|
| CARD HOLDER'S NAME (as it appears on your credit card)
<input type="text"/> | CREDIT CARD TYPE
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD |
| CARD NUMBER
<input type="text"/> | EXPIRY DATE
<input type="text"/> |
- SIGNATURE**



Please send this completed form to: Wellington SPCA, PO Box 7069, Wellington South 6242

BED & BOARD

SPCA
WELLINGTON

AUTHORITY FOR AUTOMATIC PAYMENTS

Not to operate as an assignment or an agreement



PAYER DETAILS

To the manager

BANK NAME

BRANCH NAME

BANK ACCOUNT NAME Account name as it appears on your bank statement.

IMPORTANT

Please tick

This is a new authority, or

As from ____ / ____ / ____ (first payment date), this authority replaces existing authorities for \$ _____ in favour of the same payee

ACCOUNT DETAILS

ON BEHALF OF (Name if other than Payer)

BANK ACCOUNT NUMBER

Bank

Branch

Account Number

Suffix

DETAILS TO APPEAR ON MY/OUR BANK STATEMENT

Particulars (max 12 characters)

Code (max 12 characters)

Reference (max 12 characters)

FREQUENCY AND AMOUNT

FIRST PAYMENT

LAST PAYMENT

OR

UNTIL FURTHER NOTICE

FREQUENCY

 Weekly Fortnightly Four Weekly Monthly Other

AMOUNT \$

Dollars

Cents

AMOUNT IN WORDS

PAYEE DETAILS

Pay to the credit of

BANK NAME

BRANCH NAME

BANK ACCOUNT NAME

BANK ACCOUNT NUMBER

Bank

Branch

Account

Suffix

DETAILS TO APPEAR ON PAYEE'S BANK STATEMENT

Particulars (max 12 characters)

Reference (donor name)

Code (donor number)

CONDITIONS

- The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
- Where the directions given in this authority have been given by me/us for the purpose if 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.

- The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
- I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
- This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
- The Bank may in its absolute discretion

- conclusively determine the order or 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.
- 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.
- This authority may be terminated or reduced by the Bank or payee without

- notice to me/us in respect of the payments detailed above.
- This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Bank.
- All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

AUTHORISATION

- Please make this automatic payment as detailed by debiting my/our account.
- I/We understand and accept that the Bank accepts this authority only on the conditions above.

NAME OF ACCOUNT (Customer to complete)

Signature Name 1

Date

Contact Phone

Signature Name 2

Date

Contact Phone

BANK USE

DATE RECEIVED

RECORDED BY:

CHECKED BY: