

LIFE TITHES / OFFERINGS **AUTOMATIC PAYMENT SET UP FORM INSTRUCTIONS**

You can set up an Automatic Payment using the attached form or through internet banking. Please see related instructions below.

1) Using the Attached Form

i) PAYMENT DETAILS:

Please complete your bank details

ii) FREQUENCY AND AMOUNT:

Please fill in the amount, frequency of payment and the last payment date.

- iii) Please do not make changes to PAYEE DETAILS
- iv) Please send the completed form to your bank.

2) Setting Up Automatic Payment via Internet Banking

i) FREQUENCY AND AMOUNT:

Please fill in the amount, frequency of payment and the last payment date.

ii) PAYEE DETAILS:

Name of Bank: ASB

Branch: Mt Eden, AucklandName of Account: LIFE

Account No.: 12 3048 0306512 000

Particulars: Your name (only up to 12 characters)

Code: CENTRAL, SOUTH, NORTH, WEST, TGA, OFFERING

Reference: Your Tithe number

If you have any queries, please contact the finance team at accounts@lifenz.org or phone Head Office on (09) 306 4222.

LIFE TITHES / OFFERINGS AUTOMATIC PAYMENT SET UP FORM



PAYER DETAILS To The Manager Name of Bank	AUTHORITY FOR AUTOMATIC PAYMENTS (Not to operate as an assignment or an agreement.)
	IMPORTANT PLEASE TICK
Branch	☐ This is a new authority, or
Name of Account	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/ Branch number 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 Date Last Payment Date	Until Further Notice (tick)
Frequency:	
Amount Amount in Words Fixed Amount \$	
Complete if applicable (one option only)	
Variable Amount Amount in Words □ First □ Last (tick	
one)	
PAYEE DETAILS Pay to the credit of:	
Name of Bank Branch	
ASB Mt Ede	n
Name of Account Bank/Branch Account Number Suffix L I F E 1 2 3 0 4 8 0 3 0 6 5 1 2 0 0 0 Details to appear on payee's Bank statement.	
Particulars (max 12 characters) Code (max 12 characters)	Reference (max 12 characters)
Your Name	T I T H E #
AUTHORISATION	Bank use
 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) 	
Customer's Contact Signature Telephone	Date / /
Customer's Contact Signature Telephone	Date / /