

Renew your membership with Victory for Labour!



PAYMENT DETAILS

I want to join Victory for Labour and contribute \$ _____ each month
Suggested donation \$5 per week (\$20 per month) can help print over 2,500 leaflets during the course of a year!

I would like to contribute by:

Internet Banking to BNZ 02 0568 0048605 05 Victory for Labour

Credit Card Visa Mastercard

Number

Expiry date ___ / ___

Name on card _____

Signature _____

Automatic Payment - Please complete box below

New Zealand Labour Party Authority for Automatic payments

| Payer details | |
|--|-----------------------|
| Name of Bank | Branch |
| Address | |
| Name of Account | |
| Account Details | |
| Bank | Branch No |
| Account No | Suffix |
| <input type="text"/> | <input type="text"/> |
| Commencing date ___ / ___ / ___ <i>(Please allow enough time for us to send this to your bank)</i> | |
| Frequency (Until further notice) <input type="checkbox"/> Four weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly | |
| Amount \$ _____ | Amount in words _____ |
| Pay to the credit of: 02 0568 0048605 05 | |

For Bank Use

O1 O2 6 2B
A/P No.
11 12 13
Non Std Com Bulk/G.A code Freq. Override

Conditions:

- I/We understand and accept that the bank accepts this authority only upon the following conditions, namely:
- The Bank will endeavour to effect such automatic payments 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 any such instructions. Further, the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In any event 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 money in accordance with this or any other authority or cheque which I/we may now or in the future give to the Bank or draw on my/our account.
 - The Bank may at any time terminate this order as to further payments by notice in writing to me/us - or without notice at any time after being advised in writing by the above named payee that payment is required.
 - This order will remain in full force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this order until notice of my/our death, bankruptcy or such revocation is received by the Bank.
 - All current Bank charges for this service in force from time to time are to be added to the payment amount and debited to my/our account.

This is a new authorisation

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

Signature _____ **Date** _____

Please update your personal details and address in the space provided

| | |
|------------------|-------|
| Title + Fullname | _____ |
| Preferred Name | _____ |
| Date of Birth | _____ |
| Occupation | _____ |
| Ethnicity | _____ |
| Home Phone | _____ |
| Mobile Phone | _____ |
| Email | _____ |

Residential Address _____

Postal Address _____

Extras

Yes, I would like to receive information about:

- Volunteering** - there's heaps of ways your time can help your local team
- The President's Club** - make a direct difference to our campaigns
- How to arrange a bequest** - to make a lasting legacy to the future of NZ

YOUR DETAILS

