Adoption Option Trust
automatic payment authority

Bank where my/our account is held _____

Branch where my account is held _____

My bank account number _____

Please start this automatic payment by debiting my/our account.
Details are:

New Payment ☐

Amount $ ☐☐☐☐☐☐☐☐

Start date ☐☐ ☐☐ ☐☐☐☐

Frequency ☐☐☐☐☐☐☐☐

Pay to (name) A D O P T I O N O P T I O N

Pay to (account no.) 3 8 9 0 0 7 0 8 3 8 7 5 5 0 0

Until ☐ **further notice**

or ☐ **a final payment amount of** **$** ☐☐☐☐☐☐☐☐

on ☐☐ ☐☐ ☐☐☐☐

Information to appear on Adoption Option statement

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ A O F R I E N D S A P ☐ ☐☐☐☐☐☐

(supporter's name) **(code)** **(reference)**

Information to appear on my statement

A O D O N A T I O N ☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐

(particulars) **(code)** **(reference)**

CONDITIONS: I/we understand and accept that the bank accepts this authority only upon the conditions available on inspection from any branch of my bank.

Name of personal account: Mr/Mrs/Miss/Ms _____
Or

Name of business account: _____

_____ _____ ___/___/___ _____ _____ ___/___/___

(supporter's signature) **(contact phone no.)** **(date)** **(supporter's signature)** **(contact phone no.)** **(date)**

email address: _____

BANK USE ONLY

Form accepted by: **Signature verified by:** **Details Alt/loaded by:** **Checked to DBR** ___/___/____

_____

(signature)

Date Stamp

_____

(personnel no.)

.....

Please post to Treasurer, Adoption Option Trust, PO Box 13434, Christchurch 8141