

Recurring card payments authority form

This form authorises the organisation named below to debit payments from your nominated Visa or MasterCard credit or debit card as per the plan agreed below. By signing this form you are agreeing to payments being made from your nominated card.

Organisational Name

1. Customer details

<p>What's your name?</p> <p><input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="text" value="Other"/></p> <p><input type="text" value="First names"/></p> <p><input type="text" value="Last name"/></p> <p>Where do you live?</p> <p><input type="text" value="Address"/></p> <p><input type="text" value="Suburb"/></p> <p><input type="text" value="Town/City"/> <input type="text" value="Postcode"/></p>	<p>Contact numbers</p> <p>Home <input]"="" type="text" value="["/></p> <p>Work <input]"="" type="text" value="["/></p> <p>Mobile <input]"="" type="text" value="["/></p> <p><input type="text" value="Email address"/></p> <p>Privacy statement: We will collect and use this information for the purpose for which it is provided. We will hold the information securely and will only use it to provide you with information about services that we think might be of interest to you.</p> <p><input type="radio"/> We will notify you at least 10 days before we debit your card. Please tick this box if you do not want us to use SMS (txt messaging) to notify you.</p>
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2. Recurring card payment plan details

Start date

Amount per payment (\$):

Continue regular debits until further notice (Recurring payment plan)

Until I've paid a total balance of \$ (Instalment payment plan)

Frequency (tick one) |

Weekly Fortnightly Monthly Other (please specify)

Preferred date or day of month:

3. Recurring card payment authority

Card type:

Visa MasterCard

Card number:

Expiry date:

Name on Card:

I authorise you until further notice in writing, to debit my card with the amounts stated above.

Authorised signature

Date

Merchant use only

After entering the details into the Fetch system, please securely store this document at all times and destroy it when it is no longer required.

Date Received:

Checked by:

Entered into Fetch System by:

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