

Authorisation

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

Name of account - customer to complete:

.....
Customers Signature:

Contact Phone No. Date:

Customers Signature:

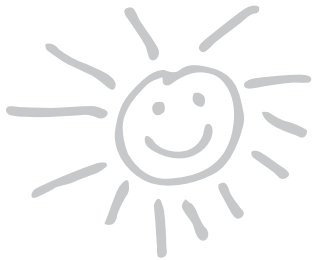
Contact Phone No. Date:

Conditions

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority
2. Where the directions given in this authority have been given by me/us for the purpose of 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.
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangements now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
6. The Bank may in its absolute discretion conclusively determine the order of 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.
7. 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.
8. This authority may be terminated or reduced by the bank or the payee without notice to me/us in respect of the payments detailed over.
9. This authority will remain in force and affect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or other revocation is received by the bank.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.



Cholmondeley
Acceptance. Caring. Hope.



6 Cholmondeley Lane, Governors Bay, Lyttelton 8971
PO Box 12276, Beckenham, Christchurch 8242
Tel: 03 329 9832, Fax: 03 329 9781,
Web: www.cholmondeley.org.nz

Cholmondeley School
Tel: 03 329 9600, Fax: 03 329 9134
Email: school@cholmondeley.org.nz



Cholmondeley
Acceptance. Caring. Hope.

Charity begins
at home



What does it cost to run your home?

Do you get a shock when you get your power bill in winter? Is there a surprise sometimes at the supermarket checkout?

Well just imagine what it would cost if you had 28 children? That's the size of our family at Cholmondeley. It's little wonder with a family that size that costs add up very quickly.

To run Cholmondeley for just one day costs approximately \$3,080

Where does all that money go?

Well, we make sure our children are warm and always have hot water. As a result our power bill costs \$2,600 per month.

We ensure all of our children get tasty nutritious meals three times a day. The meat bill is \$400 a week.

We drop our children to school, or bring them on fun outings and excursions. That means our petrol costs can run to more than \$1,400 per month.

So, you now know what it costs to run our home and we need your help to make sure we can continue to take care of our Cholmondeley family.

Charity Begins at Home

There is an old saying that "Charity Begins at home"..in other words, before you look at who might need help on the other side of the world, sometimes you should start by looking at what is going on right here, in your own backyard.

Cholmondeley is just that, located in your back yard. We sit in the heart of Canterbury helping to make life a little easier for Canterbury's children and families.



Just \$1 a day can help!

You can help Cholmondeley by signing up to Charity Begins at Home and committing to just one dollar a day. In doing this, you can help us take care of Canterbury children and families in need.

Your donation means we can continue to help Canterbury families in need well into the future.

Because charity really does begin at home.

How do I get involved?

It's very easy, just fill out the attached payment form, sign and return by post to Cholmondeley, PO Box 12276, Beckenham, Christchurch 8242 and we can take care of the rest.

If you would like any further information please contact the fundraising team on 03 329 9832 or email fundraising@cholmondeley.org.nz



Authority for Automatic Payments

Payer Details **Important** - This is a new authority

To the Manager

Name of Bank: Branch

Address:

First Name:

Surname:

Address:

Home Phone:

Work Phone:

Email:

Account Details:

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Bank | Branch Number | Account Number | Suffix |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

On behalf of: Name if other than payer

Details to appear on my/our bank statement

| Particulars | Code | Reference |
|---------------------|-------------|-----------------|
| CHOLMONDELEY | HOME | DONATION |

Frequency and Amount

First Payment Date

Tick Box: Weekly Fortnightly Four Weekly Monthly
 Specify other period

Amount: \$ Amount in words:

Payee Details

Pay to the credit of: Name of Bank Branch

| | |
|----------------|-----------------|
| WESTPAC | SYDENHAM |
|----------------|-----------------|

| | | | | |
|-----------------|----------|---------------|----------------|----------|
| Account Details | Bank | Branch Number | Account Number | Suffix |
| | 0 | 3 | 0 | 8 |
| | 6 | 6 | 0 | 3 |
| | 3 | 7 | 4 | 1 |
| | 3 | 0 | 0 | 0 |

Name of Account

CHOLMONDELEY CHILDREN'S HOME INC.

Details to appear on payee's bank statement

| Particulars | Code | Reference |
|-------------|------|-----------------|
| CBAH | | DONATION |

Refer to opposite side for Authorisation and Terms