

YES, I want to Help NZRDA make a positive difference

AUTHORITY FOR CREDIT CARD PAYMENTS

PAYER DETAILS

Title		Mr / Mrs / Ms / Miss / Mr & Mrs
Name (First / Last)		
Postal Address		
City / Postcode		
Contact Telephone No.	Email address	

FREQUENCY, AMOUNT & TYPE

Frequency <i>(please tick one)</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Four Weekly	<input type="checkbox"/> Monthly	Other (state)	
First Payment Date	/	/	Last Payment Date	/	/	Amount (\$)

CREDIT CARD DETAILS

Credit Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex	<input type="checkbox"/> Diners
Name on Credit Card				
Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date	<input type="text"/>	/	<input type="text"/>	
Signature	<p><i>By signing this form, the cardholder authorises NZRDA to uplift the stated amount from their credit card until further notice.</i></p>			

Notes:

- Monthly Credit Card payments will be processed on the 20th of each month (or next working day) by NZRDA.
- A receipt for all of your regular contributions will be sent to you at the end of the tax year (31st March).
- NZRDA is committed to data security. All Credit Card Transactions use Flo2Cash which uses state-of-the-art technologies and best practices to provide security and reliability.
- Please contact NZRDA on 0800 4NZRDA or admin@rda.org.nz if you have any queries regarding this form.

PLEASE RETURN
COMPLETED FORM TO:
NZRDA National Office,
PO Box 58110, Whitby,
Porirua 5245

Charities Commission Number:
CC38921