

YES, I want to Help NZRDA make a positive difference

AUTHORITY FOR DEBIT CARD OR 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 / /	Amount (\$)				

DEBIT CARD OR CREDIT CARD DETAILS

Debit Card or Credit Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Name on Debit Card or Credit Card		
Card Number	<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 debit card or credit card until further notice.</i></p>	

Notes:

- Debit Card or Credit Card payments will be processed on the payment date you have chosen (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 Debit Card or Credit Card Transactions are processed using 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