PROJECT JONAH NEW ZEALAND

I would like to make a regular donation by **DIRECT DEBIT**

PERSONAL DETAILS - PLEASE COMPLETE ALL INFORMATION IN PRINTED BLOCK CAPITALS

Mr/Mrs/Miss/Ms _____ First name _____ Surname _____

Postal Address _____

Suburb/Town City _____ Post Code _____

Email address _____

I would like to become a monthly sponsor, donation the amount of $ _____ per month.

Name of account (as it appears on your statements or cheque book) _____

Account number [ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ][ ] [ ][ ][ ]

BANK BRANCH ACCOUNT NUMBER SUFFIX

TO THE MANAGER,

BANK NAME: _____

BRANCH: _____

TOWN/CITY: _____

AUTHORISATION CODE

0	2	1	7	5	6	9

I authorise you until further notice, to debit my account with all amounts which Project Jonah New Zealand Inc (hereinafter referred to as the Initiator) the registered Initiator of the Authorisation Code, may initiate by Direct Debit. I acknowlege and accept that the bank accepts this authority only upon the conditions listed on this form.

(Payments are processed between 10th - 15th of each month)

Information to appear on my bank statement

| P | R | O | J | E | C | T | J | O | N | A | H | | T | H | A | N | K | Y | O | U | | |