



Automatic Payment Authority for Regular Giving

Please complete the form and post it back to the Society.

To the Manager:

Name of Bank _____ Name of Branch _____

Please start the following Automatic Payment: **New Payment**

Name of Account _____

Account Number

Payer Reference

R	E	G	G	I	V	I	N	G
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(to appear on our statement)

Surname **(required)**

Amount \$ _____ Start/Change date _____

Frequency Weekly Fortnightly Monthly Quarterly Annually

Pay to **The Multiple Sclerosis and Parkinson's Society of Canterbury (Inc)**

Account **02 0800 0969020 00**

Payee Reference **MSPC Reg Giving**

(to appear on your statement)

Signature _____

Signature _____

Date _____

Date _____

Name _____

Name _____

Phone _____

Phone _____

All donations of \$5 or more are tax deductible and will be received every March.

The Multiple Sclerosis and Parkinson's Society of Canterbury (Inc) is a registered charity (CC20628) under the Charities Act 2005.