

Auto-Pay Authorisation Form

For Planned Christian Giving to Resurrection Church

Name of party to be credited (the Beneficiary) S A C - Resurrection Church	Bank no. 0 0 4	Branch no. 6 3 6	Account no. to be credited 1 9 2 1 4 8 8 3 8
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Please complete in BLOCK LETTERS

My/our bank name and branch	Bank no.	Branch no.	My/our account no.
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My/our name (as recorded on Statement/Passbook)	My/our address (as recorded on Statement/Passbook)
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*Limit for each payment	My/our signature(s)	Date	Day time contact phone no.
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Name of Debtor (if other than bank account holder)	Debtor's Reference (PCG Account Number)

Signature verified (For bank use only)
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I/We hereby authorise my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice. This authorisation shall have effect until further notice. (note: For HSBC Group customers, the direct debit authorisation shall have effect until further notice or until the expiry date written below (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorisation for a continuous period of 2 years, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorisation has not expired or there is no expiry date for the authorisation.) I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.