

Victory for Labour

Yes. I want to be part of a Victory for Labour
 Victory for Labour is our automatic contribution scheme, raising money for our campaigns for Labour values and principles.

Half the money you give goes to your local electorate and half goes to fund election campaigns.

Thank you for your support.

Name		<input type="checkbox"/> I'm a member of the New Zealand Labour Party <input type="checkbox"/> I'm not a member of the Labour Party but I want to join <input type="checkbox"/> I'm not a member but just want to be a supporter
Address		
Home phone	Mobile	Email

I would like to make a regular donation on the **of each month** (If you don't enter a date your donation will be made on the 15th of each month)

Unwaged \$5 per month. Buys 50 pieces of campaign mail
 Family \$5 per month. Buys 7 campaign hoardings
 Waged \$10 per month. Buys 100 pieces of campaign mail
 \$ _____ a month adds up to a lot over time

The amounts listed above are the minimum required to automatically renew your membership each year, but any contribution will be gratefully received.

I would like to contribute by:

Internet banking to: BNZ 02 0568 0048605 05 Victory for Labour
 Credit Card (please circle) Visa / Mastercard
 Number Expiry Date ____/____
 Name on card _____ Signature _____
 Direct Credit - Please complete box below

New Zealand Labour Party Authority for Automatic payments

Payer details

Name of Bank _____ Branch _____

Address _____

Name of Account _____

Account Details

Bank	Branch No	Account No	Suffix
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Commencing date / /

Frequency (Until further notice)

Four weekly
 Monthly
 Quarterly
 Half yearly
 Yearly

Amount \$ _____ Amount in words _____

Pay to the credit of: 02 0568 0048605 05

For Bank Use

01 <input type="text"/> <input type="text"/> <input type="text"/>	02 <input type="text"/> <input type="text"/>	6 <input type="text"/>	28 <input type="text"/>
A/P No.	Type	Change	Bank Int.
11 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	12 <input type="text"/> <input type="text"/> <input type="text"/>	13 <input type="text"/>	
Non Std Com	Bulk/G.A. code	Freq. Override	

Important - Please tick

This is a new authority
 OR
 As from ____/____/____ (first payment date) this authority replaces existing authority for \$ _____ in favour of the same payee

- Conditions:**
 I/We understand and accept that the bank accepts this authority only upon the following conditions, namely:
- The Bank will endeavour to effect such automatic payments without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow any such instructions. Further, the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In any event this authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
 - The Bank may, in its absolute discretion, conclusively determine the offer of priority of payment by it of any monies pursuant to this or any other authority or cheque which I/we may now or hereafter give to the bank of draw on my/our account.
 - The Bank may at any time terminate this order as to the future payments by notice in writing to me/us or without notice at any time after being advised in writing by the above named payee that no further payment is required.
 - This order will remain in full force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this order until notice of my/our death, bankruptcy or such revocation is received by the Bank.
 - All current Bank charges for this service in force from time to time are to be added to the payment amount and debited to my/our account.

Authorisation

Please make this automatic payment by debiting my/our account.
 I/We understand and accept that the bank accepts this authority only on the conditions above.

Signature _____ Date _____

Backing the Kiwi Dream.



Please send completed form to:

*New Zealand Labour Party
PO Box 784
Wellington*