

# Mail your ticket order NOW!

LOTTERY NO. 65 CLOSES September 3, 2010  
Drawn September 10, 2010



**Mail your order to:** Heart Foundation,  
Freepost 1458, Private Bag 11912, Ellerslie,  
Auckland. **Mailing list customers please use  
coupon attached to your letter.** Ticket order  
can only be made by mail or by becoming an  
**Auto-Buyer (see panel right)**

Due to the Gambling Act, 2003 we cannot accept ticket sales by phone, fax or  
internet. For further information and queries phone

**0800 750 150 or +64 9 415 4760, email  
lottery@nhf.org.nz or visit www.heart.org.nz.**

## Yes! I want to become an Auto-Buyer for future Lotteries (six per year)

You can opt-out of any future Lottery draw whenever you wish.

Please send me  ticket(s) in future Lotteries \$   
until further notice.

Please charge my credit card  Please send me a direct debit form  
(also available at www.heart.org.nz)

YES! I wish to make a donation \$   
(Any additional cash donations of \$5 or  
more will be sent a receipt)

YES! Please send me  ticket(s) in Lottery No. 65 \$

Mr Mrs Ms Miss (please circle) Other

First name

Last name

Are you an existing Heart Foundation Lottery ticket buyer?  Y  N

Street No. Street

Suburb & City

Phone No. ( )

Email  
address

Please indicate your date of birth  
(optional)        
Day Month Year

Payment Details Total \$

I wish to pay by cheque (please make payable to The Heart Foundation)

I wish to pay by credit card  Mastercard  Visa  Amex  Diners

Card Number

Name on card

Signature

Expiry date

OFFICE USE ONLY

00

Generously supported by:



**PLEASE COMPLETE THE FOLLOWING:**

My customer number is

or please enclose this form with your ticket order.



**The Heart Foundation of New Zealand – National Office**  
 9 Kalmia St, Ellerslie, Private Bag 11912, Ellerslie, Auckland 1542  
 Telephone 09-571 9191. Facsimile 09-571 9190

Please send me  Heart Foundation Lottery ticket(s) in each Lottery until further notice

**BANK INSTRUCTIONS**

**NAME**  
 (Of Bank Account)

**AUTHORITY TO ACCEPT DIRECT DEBITS**  
 (Not to operate as an assignment or agreement)

**BANK ACCOUNT FROM WHICH PAYMENTS TO BE MADE:**

Bank            Branch                                  Account Number                                  Suffix  
 (Please attach an encoded deposit slip to ensure your number is loaded correctly)

**AUTHORISATION CODE**

**TO: THE BANK MANAGER**

**BANK:**  
**BRANCH:**  
**TOWN/CITY:**

I/We authorise you until further notice, to debit my/our account with all amounts which  
**THE NATIONAL HEART FOUNDATION OF NEW ZEALAND**  
 (hereinafter referred to as the Initiator)  
 the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

**INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT:**

<b>N</b>	<b>H</b>	<b>F</b>	<b>L</b>	<b>O</b>	<b>T</b>	<b>T</b>	<b>E</b>	<b>R</b>	<b>Y</b>	<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"/>
Payer Particulars										Payer Code					Payer Reference				

**YOUR SIGNATURE(S)**

\_\_\_\_\_

Date: \_\_\_\_\_

**APPROVED**  
**0779**

---

**08**                                  **99**

**FOR BANK USE ONLY**  
**Original - Retain at Branch**

<b>Date Received:</b>	<b>Recorded by:</b>	<b>Checked by:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**BANK STAMP**

# CONDITIONS OF THIS AUTHORITY

## 1. The Initiator

- (a) Has agreed to give advance Notice of the net amount of each direct debit and the due date of debiting at least **10 calendar days before** (but not more than 2 calendar months) the date the direct debit will be initiated. This notice will be provided either:
  - (i) in writing; or
  - (ii) by electronic mail where the Customer has provided prior written consent to the Initiator

The advance notice will include the following message:-

“Unless advice to the contrary is received from you by (\*date), the amount of \$\_\_\_\_\_ will be directly debited to your Bank account on (initiating date).”

\*This date will be at least two days prior to the due date to allow for amendment of direct debits.

- (b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

## 2. The Customer may:-

- (a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the initiator.
- (b) Stop payment of any direct debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the direct debit being paid by the Bank.

## 3. The Customer acknowledges that:-

- (a) This authority will remain in full force and effect in respect of all direct debits made from me/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
- (b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness of validity of any amount debited to my/our account shall not be the concern of the Bank except in so far as the direct debit has not been paid in accordance with this authority. Any other disputes lie between me/us and the Initiator.
- (d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:-
  - the accuracy of information about Direct Debits on Bank Statements
  - any variations between notices given by the Initiator and the amounts of Direct Debits
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

## 4. The Bank may:-

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time-to-time.