

Direct Debit Authority

Name of my account to be debited (acceptor)					Initiator's Authorisation Code		
					0647152		
Name of my	y bank:						
0 0 Bank	O O O O	O O O O O O	O O O Suffix		Appi nnnn	mm/yy	
From the acce	ptor to [insert name	of acceptor's bank	/(my bank):				
-	-	t with the amounts of direct dance with this authority un	-	ide Tech	<i>Limited</i> with th	ne authorization cod	
I agree that thi	s authority is subject	t to:					
The bank's terms and conditions that relate to my account, and							
• T	he specific terms an	d conditions listed below.					
Please include the following information on my bank statement:							
Authorised signature/s:				Date:			

Specific conditions relating to notices and disputes

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I don't receive a written notice of the amount and date of each direct debit from the initiator, or
- I receive a written notice but the amount or the date of debiting is different from the amount, or the date specified on the notice.

The initiator is required to give you a written notice of the amount and date of each direct debit no less than 10 calendar days before the date of the debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

Phone number: 0800 30 20 80. To arrange collection of this form PO Box 303052, North Harbour, Auckland 0751. To post back this form to us.