

Phone: +64 9 600 2327 Unit F1, 4 Orbit Drive, Rosedale, Auckland 0632 PO Box 301755, Albany, Auckland 0752 www.payplus.co.nz

Initiator's Authorisation Code

Direct Debit Authority

Name of my account to be debited (acceptor)

					0657326		
Name of my	y bank:						
					Approved		
0 0	0 0 0 0		0 0		5732	04/19	
Bank	Branch	Account	Suffix				
From the acceptor to [insert name of acceptor's bank] (my bank):							
-	-	nt with the amounts of direct deb rdance with this authority until fo		lus Limite	ed with the au	uthorisation code	
I agree that th	his authority is subje	ct to:					
The bank's terms and conditions that relate to my account, and							
•	The specific terms a	nd 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.