

DIRECT DEBIT AUTHORITY

BANK DETAILS

Name of Bank Account Holder Name of account holder																			
Business Client ID Business Client ID																			
BANK ACCOUNT FROM WHICH PAYMENT TO BE MADE <i>Please print account number clearly</i>																			
<table border="1" style="width: 100%;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>					<table border="1" style="width: 100%;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>					<table border="1" style="width: 100%;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>					<table border="1" style="width: 100%;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>				
Bank Number	Branch Number	Account Number	Suffix																
To: The Manager (Please print full postal address clearly)																			
Name of Bank And Branch																			
Address (P O Box)																			
Town/City																			

AUTHORITY TO ACCEPT DIRECT DEBITS <small>(not to operate as an assignment or agreement)</small>

Authorisation Code							
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0	3	0	2	5	8	6	

Name

I/We authorise you until further notice in writing to debit my/our account with you all amounts which
BUSINESS REGISTRIES, MINISTRY OF BUSINESS, INNOVATION AND EMPLOYMENT

(herein after 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 this form)

Information to appear on My/our Bank Statement

PAYER PARTICULARS	PAYER CODE	PAYER REFERENCE																																
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M	B	I	E																															
M	B	I	E	R	E	F																												
D	D	R	E	C	E	I	P	T	#																									

YOUR SIGNATURE MUST APPEAR HERE
BANK ACCOUNT HOLDER(S) TO COMPLETE
<hr style="width: 80%; margin: 0 auto;"/> <hr style="width: 80%; margin: 0 auto;"/>
AUTHORISED SIGNATURE(S)
DATE / /

<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Approved 0258</td> </tr> <tr> <td style="text-align: center;">09 1996</td> </tr> </table>	Approved 0258	09 1996	For Bank Use Only	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Date Received:</td> <td style="width: 33%;">Recorded by:</td> <td style="width: 33%;">Checked by:</td> </tr> </table>	Date Received:	Recorded by:	Checked by:	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">BANK STAMP</td> </tr> </table>		BANK STAMP
Approved 0258										
09 1996										
Date Received:	Recorded by:	Checked by:								
	BANK STAMP									
	Original Copy	- Retain at branch - Forward to Initiator if Requested								

After Completion Return to:

Registry Services
Private Bag 92513
Wellesley Street
Auckland 1141



**MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT**
HIKINA WHAKATUTUKI

CONDITION OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator:

- (a) Has agreed to give written advance notice of the net amount of each Direct Debit and the due date of debiting at least 7 business days before the date when the Direct Debit will be initiated. The advance notice will include the following message:
"The amount \$..... will be direct debited to your Bank account on (initiating date)."
- (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 the 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 passed to my/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 or validity of an 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 dispute lies between me/us and the Initiator.
- (d) The Bank accepts no responsibility or liability for the accuracy of information about Direct Debits on Bank Statements.
- (e) The Bank is not responsible for, or under any liability in respect of:
 - any variations between notices given by the Initiator and the amounts of Direct Debits.
 - the Initiators 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.