

Direct debit authority form



Meals on Wheels, Waikato Hospital, Private Bag 3200, Hamilton 3240
Ph: 07 839 8726 Ext: 98121

ACCOUNT INFORMATION

Name of Account

Customer (Acceptor) to complete bank/branch number and account number and suffix of account to be debited.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch Number	Account Number	Suffix

DIRECT DEBIT AUTHORITY

(not to operate as an assignment or agreement)

Authorisation Code

(User Number)

Name of my Bank

From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debit instructions received from

(the 'Initiator')

with the authorisation code specified on this authority and in accordance with this authority until further notice from me.

I agree that this authority is subject to:

- my bank's terms and conditions that relate to my account, and
- the terms and conditions listed below.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Payer Particulars

Payer Code

Payer Reference

Date / /

Authorised Signatures

SIGNATURE

SIGNATURE

Specific conditions relating to notices and disputes

- 1) I agree that the Initiator must give me at least 10 days' prior notice of each direct debit, including the first direct debit in a series.
- 2) Changes to the amounts or dates of a series of direct debits require 30 days' prior notice to me.
- 3) I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
- 4) All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.
- 5) I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
 - I didn't receive proper notice of the amount and date of the direct debit, or
 - I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
- 6) If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

APPROVED

2052

10|18

FOR BANK USE ONLY

Date Received

Recorded By

Original
Copy

– Retain at Branch
– Forward to Initiator if requested

BANK
STAMP

