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, account number and suffix of account to		and	DIRECT (not to operate (DEBIT A							
Bank Branch Number Accoun	it Number	Suffix	Authorisation Co	ode 0	2 2 0 (User Num	5 2 4 ber)					
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											
Health NZ Waikato (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/OL	JR BAN	K STATEM	ENT							
Payer Particulars		Payer Co	ode								
Payer Reference											
Date DD / MM / YYYY											
Authorised Signatures	SIGN	IATURE		SIG	NATURE						

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	FOR BANK USE ONLY		
2052	Date Received	Recorded By	
10 18	Original – Retain at Branch Copy – Forward to Initiator if requested		