

Direct Debit Authority Form



How to fill in this form

Please complete all sections of this form to setup a direct debit authority for your new or existing policy.

Please note that we cannot accept direct debit instructions from those accounts requiring more than one account holder signature (e.g. two to sign accounts)

Complete, sign and return this form by email to contact@ppsmutual.co.nz.

Initiator's authorisation code

1	2	3	2	2	0	6
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Policy details

Please list the policy number and preferred collection date below:

Policy number

Premium frequency

Collection date

Bank account details

Name of my account to be debited (acceptor)

Name of my bank

Bank

Branch

Account

Suffix

Authorisation

From the acceptor to (my bank name):

I authorise you to debit my account with the amounts of direct debits from **PPS Mutual Ltd** with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

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

Date

Authorised signature

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.

I may ask my bank to reverse a direct debit up to 9 months after the date the initiator sent the first direct debit under the authority if I am not reasonably satisfied that the authority authorised my bank to debit my account with the amount of the direct debit.

The initiator is required to give a written notice of the amount and date of each direct debit, including the first direct debit in a series, of no less than 10 calendar days. The notice is to include:

- the dates of the debits, and
- the amount of each direct debit.

If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice no less than 30 days before the change.

If you have specifically requested direct debits and have agreed the amount of the direct debit, the initiator is required to give you a written notice of the amount and date of the direct debit no later than the date of the debit.

If the bank dishonours a direct debit but the initiator sends the direct debit a second time within 5 business days of the original direct debit, the initiator is not required to notify you a second time of the amount and date of the direct debit.

For bank use only

Approved	Date received	Recorded by	Checked by	Bank stamp
3220 04/25	DD/MM/YYYY			