

Direct Debit Authority

Please complete this form and return it to
FreePost Authority Number 754, State Business Support Centre, PO Box 3233, Wellington.

Complete Section A and either Section B (Bank Account) or Section C (Credit Card)

Section A: Your Details

Name _____ Policy _____
 Payment Frequency Please circle _____ Fortnightly _____ Monthly _____
 First Payment Date ____ / ____ / 20____

Section B: Direct Debit from your Bank Account

Use this section if you wish to have your premium payment deducted from your bank account

Name of Account Holder _____	AUTHORITY TO ACCEPT DIRECT DEBITS <i>(Not to operate as an assignment or agreement)</i>
Bank account details from which payments are to be made <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bank Branch Account Number Suffix Please attach a deposit slip to ensure your account number is loaded correctly	
	AUTHORISATION CODE 0 2 1 5 8 5 1

Name of the Bank _____
Branch _____
Town _____

I/We authorise you until further notice, to debit my/our account with all amounts which **State, a business division of IAG New Zealand Limited** (hereinafter referred to as the Initiator) the registered Initiator to the above Authorisation Code, may initiate by Direct Debit. I/We acknowledge and accept that the bank accepts this authority upon the conditions listed on the back of this form.

Information that will appear on my/our bank statement

STATE _____	_____	_____
Payer Particulars	Payer Code	Payer Reference

Authorised Signature(s): _____	Date: _____
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For Bank Use Only

Approved 1585	Date Received	Recorded by	Checked by	Bank Stamp
02 07				

Section C: Direct Debit from your Credit Card

Use this section if you wish to have your premium payment charged to your VISA or MasterCard.

Name of Cardholder _____
Card Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Card Type Please circle _____ VISA _____ MasterCard _____ Expiry Date ____ / ____

I/We authorise **State, a business division of IAG New Zealand Limited** to debit my specified card with regular State insurance premiums. This authority shall stand, in respect of the above specified card and in respect of any card issued to me in renewal or replacement until I/we notify State in writing of its cancellation.

Cardholder's Signature: _____	Date: _____
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Conditions of This Authority to accept Direct Debit

1. The Initiator

- (a) Has agreed to give advance Notice of the net amount of each Direct Debit and the due date of debiting **at least 10 calendar days before** (but not more than 2 calendar months) the date the Direct Debit will be initiated. This notice will be provided either:

- (i) in writing; or
- (ii) by any other means which provides a verifiable record of the initiated transaction and where the Customer has provided prior written consent to the Initiator.

The advance notice will include the following message:

"Unless advice to the contrary is received from you by (*date), the amount of (\$amount) will be directly debited to your Bank account on (initiating date)."

* This date will be at least 2 days prior to the due date to allow for amendment of Direct Debits.

- (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 this Authority as to future payments by notice in writing to me/us.

Or

- (a) Undertakes to give Notice to the Acceptor of the commencement date, frequency and amount **at least 10 calendar days before** the first Direct Debit is drawn (but not more than 2 calendar months). This notice will be provided either:

- (i) in writing; or
- (ii) by any other means which provides a verifiable record of the initiated transaction and where the Customer has provided prior written consent to the Initiator.

Where the Direct Debit system is used for the collection of payments which are regular as to frequency but variable as to amounts, the Initiator undertakes to provide the Acceptor with a schedule detailing each payment amount and each payment date.

In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give advance notice **at least 30 days before** the change comes into effect. This notice must be provided either:

- (i) in writing; or
 - (ii) by electronic mail where the Customer has provided prior written consent to the Initiator
- (b) 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 this 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 paid by the Bank.
- (c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1 (a) above, request the Bank to reverse or alter such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank. PROVIDED such a request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:

- (a) This Authority will remain in full force and effect in respect of all Direct Debits made from 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) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in relation of:-
 - the accuracy of information about Direct Debits on Bank statements
 - any variations between notices given by the Initiator and the amounts of Direct Debits.
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's 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.
- (f) Notice given by the Initiator in terms of clause 1 (a) to the debtor responsible for the payment shall be effective notice. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The Bank may:

- (a) At its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other order, 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.
- (c) Charge its current fees for this service in force from time to time.