

## Policy Details

The nib nz insurance limited policy I/we would like to pay money into:

Policy number

Policy owner name

Premium payment details

Deduction date

Fortnightly

Monthly

## Bank Account Details

The account I/we want the money to come from:

Bank account number

Bank account name

Name of bank

AUTHORITY TO ACCEPT DIRECT DEBITS

(not to operate as an assignment or agreement)  
Authorisation Code

Name of branch

3	8	0	0	1	3	3
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Information that will appear on your statement

N	I	B		N	Z		I	N	S		
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Payer particulars

P	O	L	I	C	Y		N	O	#		
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Payer code

R	E	F		N	O	#					
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Payer reference

### Authorisation

I authorise you to debit my account with the amounts of direct debits from nib nz insurance limited 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 banks terms and conditions that relate to my account, and the specific terms and conditions listed below.

Authorised signature 1

Authorised signature 2

Date

Please return the completed form to nib nz insurance limited, PO Box 91630, Auckland 1142, New Zealand.

## Conditions of this authority to accept direct debits

### 1. The Initiator:

(a) Undertakes to give notice of the commencement date, frequency and amount at least 10 calendar days before the first Direct Debit is drawn (but no more than 2 calendar months). This notice will be provided in writing (including by electronic means and SMS where the customer has provided prior written consent (including by electronic means including SMS) to communicate electronically). 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 customer 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 advanced notice of at least 30 days before the change comes into effect. This notice must be provided in writing (including by electronic means and SMS where the customer has provided prior written consent (including by electronic means including SMS) to communicate electronically).

(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.

# Direct Debit Authority

## Conditions of this authority to accept direct debits (continued)

- (c) May, upon receiving written notice (dated after the date of this authority) from a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that written notice and this Authority from the account identified in the written notice.
- 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 by the means agreed by the customer, Bank and 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.
- (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 any 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 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 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 thereafter 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 respect of: the accuracy of information about Direct Debits on Bank statements; and 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 notice in accordance with 1(a) 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. 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) 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.
- (c) Change its current fees for this service in force from time to time.

## Bank use only – Original – retain at Bank

Approved 0013	Date received	Recorded by	Checked by	BANK STAMP
04 22				



## Need help?

Call: **0800 555 642**

Email: [lifeservice@nib.co.nz](mailto:lifeservice@nib.co.nz)

Mail: **nib nz insurance limited**

**PO Box 91630, Auckland 1142, New Zealand**

