

Checklist for your ASB Smart Debit Application:

1. Please complete all sections of this form.
2. Read the Direct Debit Initiator Agreement General Terms and Conditions.
3. Please sign section 7.
4. Please email us your company logo to appear on your ASB Smart Debit Authorisation form in Jpeg format.
5. Please return the completed Application Form to your ASB relationship manager, or scan and email to ddinitiators@asb.co.nz
6. Remember to retain a copy of the completed Application Form for your records.

For assistance please contact your ASB relationship manager or email ddinitiators@asb.co.nz

1. Initiator Details

Your FastNet Business Client ID:

Trading Name (if applicable)

Registered Name (Company or Entity)

Name to appear on your customers' statements (tick one)

- ☐ Trading Name ☐ Registered Name

Registered Company or Entity Number (if applicable)

Contact Name (preferred)

Telephone

Facsimile

Email Address

2. Direct Debit Information

Are you currently an Initiator with a bank other than ASB?

- ☐ No ☐ Yes If yes, please enter your current authorisation code

You may need to transfer (sweep) your current Direct Debit authorisation code against your customers' accounts to your new Direct Debit authorisation code with ASB. Please refer to your ASB relationship manager to arrange this.

Average actual or estimated number of monthly Direct Debit transactions

Business requirement for initiating Direct Debits

Note: You are required to give your customers 10 days advance notice of each Direct Debit.

3. Direct Debit Service Fees

Direct Debit Service Fee (Calculated per single electronic Direct Debit)	\$ 0.20
Dishonour Fee (Calculated per single electronically dishonored Direct Debit)	\$ 0.75

- ASB Direct Debit Service Fees will be deducted from the fee deduction account you have nominated within FastNet Business.
- ASB Dishonour Fees will be deducted from the nominated business bank account below in section 4.

4. Account for Direct Debit Settlement

Nominated business bank account for settlement
(Account you want Direct Debit payments to go to)

1	2	3											
Bank			Branch			Account Number						Suffix	

How would you like your Direct Debits to appear on your statement?*

☐ Bulk ☐ Individually

- This account must be linked to your FastNet Business ID.
- You must be authorised under the FastNet Business Terms and Conditions to use this account.
- This account must be an account of the Initiator.

*For some accounts, if you choose to upload your Direct Debits individually you will be charged \$0.25 per item on your statement. Please refer to the ASB Guide to Business Banking Fees for more information.

5. FastNet Business

You must have FastNet Business to manage Smart Debit.

Are you already set up on FastNet Business?

☐ Yes ☐ No

6. Supply company logo

We will create a unique customer application form for you to supply to your customers.

Logos attached?

☐ Yes ☐ No

7. Privacy Declaration and Agreement

You authorise:

- ASB to supply ASB Management Services Ltd (AMSL), other credit providers, credit reference agencies and any other parties referred to in the Direct Debit Agreement General Terms and Conditions, any information collected and held by ASB at any time in connection with this Application Form; and
- other credit providers, credit reference agencies, AMSL and any other parties referred to in the relevant Direct Debit Agreement General Terms and Conditions to provide any information about you to ASB which ASB may require in connection with this Application Form, which may include the completion of credit and fraud checks.

Initiators Authorisation

I/We have read and agree to be unconditionally bound by the terms of this Application Form, the Direct Debit Initiator Agreement General Terms and Conditions and any other terms and conditions that govern the provision of direct debit initiator services by ASB from time to time.

Made this _____ day of _____ 20_____.

Signed for and on behalf of

Initiator's Name (Use trading name or registered name as per section 1.)

Full Name of Authorised Signatory

Signature

Date

--	--	--	--	--	--	--	--

Day Month Year

Full Name of Authorised Signatory

Signature

Date

--	--	--	--	--	--	--	--

Day Month Year

Important Information

Applying to be an ASB Smart Debit Initiator:

- ASB Smart Debit Initiator services are provided by ASB Management Services Limited (AMSL) on behalf of ASB Bank Limited (ASB).
- Once accepted by ASB this Application Form and the relevant Initiator Direct Debit Agreement General Terms and Conditions will make up the Initiator Agreement and will govern the ASB Smart Debit Initiator relationship between you and ASB. A copy of the relevant Initiator Agreement is available from your relationship manager or at www.asb.co.nz. Please read these documents carefully.
- ASB has the absolute discretion to approve or decline your application to become a Smart Debit Initiator.