

1. Credit card details Please print your details clearly in CAPITAL letters, using a pen

<p>The credit card account I/we want to pay money to:</p> <p>Name of Kiwibank Credit Card account <input type="text"/></p> <p>Kiwibank Credit Card account number <input type="text"/></p>	<p>The amount I/we want to pay each month on the payment date (please tick one option only)</p> <p><input type="checkbox"/> the minimum payment due</p> <p><input type="checkbox"/> a fixed amount \$ <input type="text"/></p> <p><input type="checkbox"/> full payment of closing balance</p> <p><input type="checkbox"/> full payment of closing balance less payments made to the card throughout the month.</p>
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2. Account details

<p>The account I/we want the money to come from:</p> <p>Name of account <input type="text"/></p> <p>Account number <input type="text"/></p> <p>Bank Branch Number Account number Suffix</p> <p>Please print full postal address clearly for window envelope</p> <p>To: The Manager (insert name of bank and branch)</p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Address (PO Box) <input type="text"/></p> <p><input type="text"/></p> <p>Town/City <input type="text"/> Postcode <input type="text"/></p> <p>Country <input type="text"/></p>	<p>Authority to accept direct debits (not to operate as an assignment or an agreement)</p> <p>Authorisation code</p> <p>3 8 0 0 0 1 1</p>
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3. My/our authorisation

I/we authorise you, until further notice in writing, to debit from my/our account with you, all amounts which Kiwibank Limited (hereinafter referred to as the Initiator), the registered Initiator of the above Authorisation Code, may initiate by direct debit.

I/we acknowledge and accept that the bank accepts this Authority only upon the conditions listed on the back of this form.

<p>Signature of person authorised for this account</p> <p><input type="text"/></p>	<p>Signature of joint account holder if applicable</p> <p><input type="text"/></p>
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Date of completion

Please forward this completed form to Kiwibank Limited, PO Box 39888, Wellington, 5045.

4. Conditions of Authority to accept direct debits

1. The Initiator:

(a) Has agreed to give written advance notice of the net amount of each direct debit and the due date of the debiting at least ten calendar days (but not more than two calendar months) before the date when the direct debit will be initiated. This notice will be provided either (i) in writing; or (ii) by electronic mail where the Customer has provided 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 \$..... will be directly debited to your Bank account on (initiating date)."

* This date will be at least two days prior to the initiating date to allow for amendment of direct debits.

(b) May, upon the relationship which gave rise to the 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 being paid to the Bank.

3. The Customer acknowledges that:

(a) This Authority will remain in full force and effect in 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 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 for the accuracy of information about direct debits on bank statements, or any variations between notices given by the Initiator and the amount 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.

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.

5. Definitions of terms

Initiator: Kiwibank Limited

Customer: A Kiwibank credit card account holder

Bank: The Bank who has your account from which payments will be made

Authority: The authority to accept direct debits that you give your bank by completing this form.

Bank Use Only

Application received at

Application accepted by

Staff member's signature

Actioned by

Action: Please forward original to Kiwibank Support Services.

Date received stamp

Recorded by

Approved
0025
2/91

Bank stamp