

DIRECT DEBIT AUTHORISATION FORM

www.visionasia.co.nz

Contact us

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Ph: 09 621 0520

BANK INSTRUCTIONS

0508 933 546

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AUTHORITY TO ACCEPT DIRECT

DEBITS (Not to operate as an assignment or agreement)

AUTHORISATION CODE

0	1	0	8	3	9	7

*Name of Account Holder:											
*St. Address:		*Suburb:									
*City:			Post Code:	Post Code:							
*Tel: (Home) Tel: (Work) Mobile:											
IF YOU WANT TO PAY USING YOUR CREDIT CARD (Credit Card applicants only to complete this section) My Credit Card number is:											
Holder's name on the Credit Card:											
We accept Visa & Master Card only Visa Master card											
Card holder's Signature:											
IF YOU WANT TO PAY USING YOUR BANK ACCOUNT											
Bank Branch Account No. Suffix											
(Please attach an encoded deposit slip to ensure your number is loaded correctly)											
To: The Bank Manager, Name of the Bank/Branch:											
City:											
NAME OF BUSINESS:											
I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed below.											
*Account holder's Signature											
For Bank Use only											
Approved: 0839											
		Date Received	Recorded by:	Checked by:	Bank Stamp						
August 200	04										

(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 disputes lie between me/us end 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- any variations between notices given by the initiator and the amounts of Direct Debits on Bank (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.

Manditory fields

★ Manditory fields

^{2.} The Customer may:-(a) At any time. terminate this Authority as to future payments by giving written notic 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 by the Bank

^{3.} The Customer acknowledges that:-(a) This authority will remain in full force and effect in respect of all direct debits made from me/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.