

YOUR ONECARD VISA ACCOUNT DETAILS:

DIRECT DEBIT AUTHORITY

FIRST NAME(S)	MIDDLE INITIAL(S)	SURNAME(S)	Onecard Visa Account Number

Authorisation Code

0	3	2	1	6	5	3
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AUTHORITY TO ACCEPT DIRECT DEBIT
(Not to operate as an assignment or agreement)

DIRECT DEBIT PAYMENT OPTIONS

Choose from one of the following payment options:

(Note: If neither is selected Option 1 will apply)

OPTION 1

The minimum monthly payment as shown on my Onecard Visa monthly statement

OPTION 2

The greater of \$ or the minimum monthly payment as shown on my Onecard Visa monthly statement

OPTION 3

The closing balance as shown on my Onecard Visa monthly statement

Bank Account from which payment to be made

Name(s) in which account is held

FIRST NAME(S)	MIDDLE INITIAL(S)	SURNAME(S)	Bank/Branch	Account Number	Suffix

YOUR BANKING DETAILS

(Please attach a deposit slip for your nominated bank account)

To The Bank Manager

Name of Bank and Branch:
Address: PO Box
Town/City:

DETAILS THAT WILL APPEAR ON YOUR BANK STATEMENT

Particulars	Code (max 12 characters)	Reference (Last 10 digits of Account Number)
Onecard Visa	6 0 1 0 7 3	

AUTHORISATION

I/we authorise you until further notice, to debit my/our accounts with all amounts which GE FINANCE AND INSURANCE (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit as per the instructions below. I/We acknowledge and accept that the bank accepts this authority only upon the conditions list below.

Please Sign Here (Bank Account Holder(s) to complete)

Date

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CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator:

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

(i) in writing; or

(ii) by electronic mail 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 \$....., will be direct debited to your Bank account on (initiating date)."

* This date will be at least two (2) days prior to the initiating date to allow for amendment of Direct Debits. Or

(a) Has agreed to send notice of the net amount of each Direct Debit no later than the day the Direct Debit is initiated. This notice will be provided either:

(i) in writing; or

(ii) by electronic mail where the Customer has provided prior written consent to the Initiator

The notice will include the following message:- "The amount \$....., was direct debited to your Bank account on (initiating date)."

(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.

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 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 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 the 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 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 disputes 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

- 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.

4. The Bank may:-

(a) In its absolute discretion conclusively determine the order of priority 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) Charge its current fees for this service in force from time-to-time.

Approved 2165	
08	12

Date Received	Recorded By	Checked By

Bank Stamp

For Bank Use Only

Original – Retain at Branch