



Combined Insurance is a division of ACE Insurance Limited

Street Address 105 Great South Road Epsom Auckland 1051 **Postal Address** Private Bag COMBINED Remuera Auckland 1541
Phone 0800 COMBINED (266 246) **Fax** 0-9-520 9009 **Email** nz.service@nz.combined.com **Website** www.combinedinsurance.co.nz

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105 Great South Road Epsom Auckland 1051 Private Bag COMBINED Remuera Auckland 1541

Please attach a Deposit Slip or Voided Cheque to verify your account details

NAME OF ACCOUNT

AUTHORITY TO ACCEPT DIRECT DEBITS
(Not to operate as an assignment or agreement)

ACCOUNT TO BE DEBITED																				
Bank						Branch Number						Account Number						Suffix		
(Please attach an encoded deposit slip to ensure your account number is loaded correctly)																				

TO: THE MANAGER	
Bank	Branch
Address	
P.O. Box	
Town/City	

AUTHORISATION CODE
01 00 133

I/We authorise you until further notice, to debit my/our account with all amounts which **COMBINED INSURANCE** (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 on the reverse. of this form

Payer Particulars	Payer Codes	Payer References																																						
C O M B I N E D I N S	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																			

AUTHORISED SIGNATURE(S)	DATE
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Approved		
0013		
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FOR BANK USE ONLY:			<table border="1" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">Data received:</td> <td style="width: 33%; text-align: center;">Recorded By:</td> <td style="width: 33%; text-align: center;">Checked By:</td> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> </tr> </table>	Data received:	Recorded By:	Checked By:				<table style="width: 100%; text-align: center;"> <tr> <td style="width: 50%; border-top: 1px solid black;"> BANK STAMP </td> <td style="width: 50%; border-top: 1px solid black;"> </td> </tr> </table>	BANK STAMP	
Data received:	Recorded By:	Checked By:										
BANK STAMP												

For COMBINED use only:										PAYMENT SCHEDULE									
Combined Account No.					Policy Type	Form No.	Frequency month(s)	Due date*	Premium \$ c		GST** \$ c		Total \$ c						
								22/ /											
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* Unless advice to the contrary is received from you, at least 6 days before billing date, subsequent payments will be debited to your bank account at the frequency indicated in the schedule, on the 22nd day of the month that payment falls due. If the 22nd falls on a weekend or a public holiday, the payment will be debited on the preceding business day.

** If the rate of GST is changed, Combined will adjust the payment as required.

CONDITIONS OF AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator:-

- (a) Undertakes to give written notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first Direct Debit is drawn (but not more than 2 calendar months).

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 Acceptor 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 Debit, the Initiator has agreed to give written advance notice at least 30 days before the change comes into effect.

- (b) May, upon the relationship which give 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:-

- (a) May at any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- (b) May 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 force and effect in respect of all Direct Debits made from my/our bank 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 lie 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 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) Charge its current fees for this service in force from time-to-time.

If you close or transfer your bank account, please transfer the direct debit authority to your new bank account.



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