

Direct Debit Form

Please note that only cheque accounts and certain types of savings accounts are available for direct debit. If you are unsure about your account, please check with your bank.

Instructions to the Manager **New** **Amended**

Member number	IRD number	Member name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount to pay	Select the frequency (select one only)	Start date	End date (if applicable)
\$ <input type="text"/>	<input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Half yearly <input type="radio"/> Yearly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Day Month Year	Day Month Year

- Please tick I have attached a bank coded deposit slip. (Required)
- Yes No I also wish to make contributions from this bank account for other Booster KiwiSaver Scheme members. (Enter their details over the page)

Address of bank account holder (for correspondence regarding this direct debit)

<input type="text"/>
<input type="text"/>
<input type="text"/>

Direct Debit Authority

Name of my account to be debited (acceptor):

<input type="text"/>

Initiator's Authorisation Code							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of my bank:

<input type="text"/>

Approved	
<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank Branch number Account number Suffix

From the acceptor to my/our bank

I/We authorise you to debit my/our account with the amounts of direct debit instructions received from PT (Booster KiwiSaver) Nominees Limited (the Initiator) with the authorisation code specified on this authority and in accordance with this authority until further notice from me.

- I/We agree that this authority is subject to:
- My/Our bank's terms and conditions that relate to my/our account, and
 - The terms and conditions listed below.

Authorised signature(s):

Date:

Day Month Year

Specific conditions relating to notices and disputes

1. I/We agree that the Initiator must give me/us at least 10 days' prior notice of each direct debit, including the first direct debit in a series.
2. Changes to the amounts or dates of a series of direct debits require 30 days' prior notice to me.
3. I/We can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
4. All notices must be in writing, but can be delivered electronically, if I/we have agreed that with the Initiator.
5. I/We can also ask you to reverse a direct debit up to 120 days after the direct debit if:
 - I/We didn't receive proper notice of the amount and date of the direct debit; or
 - I/We received notice but the amount or date of the direct debit is different from the amount or date on the notice.
6. If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I/we understand that the Initiator doesn't need to notify me again about that direct debit.

