

Direct debit authority

Please complete details below and email a scanned copy of this authority and a deposit slip to: Email: nzta.inspections@bluestargroup.co.nz



Private Bag 39996, Lower Hutt 5045

New – this form will not be processed unless returned with a deposit slip

Amended

Agent Auth No.

Initiator's authorisation code

0233388

My account to be debited (acceptor)

Name of my bank

Bank

Branch

Account

Suffix

Approved

3338 | 02/19

From the acceptor to my bank

I authorise you to debit my account with the amounts of direct debit instructions received from Blue Star Group (New Zealand) Limited (the 'Initiator') with the authorisation code specified on this authority and in accordance with this authority until further notice from me.

I agree that this authority is subject to:

- > my bank's terms and conditions, that relate to my account, and
- > the terms and conditions listed below.

Information to appear in my/our bank statement

Payer particulars

Payer code

Payer reference

Authorised signatures

_____ / /

Date

Specific conditions relating to notices and disputes

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

For Bank use only

Date received:	Received by:	Checked by:
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Bank Stamp

Original: Retain at Branch

Copy: Forward to Initiator if requested