TOWER Health & Life Direct Debit Authority

TOWER

NOT TO OPERATE AS AN ASSIGNMENT OR AGREEMENT

Policy number

TO THE BANK MANAGER

Please print full postal address clearly for use in a window envelope

Bank name

Branch

Postal address

Suburb

Town/City

Postcode

MY/OUR ACCOUNT DETAILS

Life insured/Customer name

Name of account

Account number

Bank | Branch number | Account number | Suffix

To be paid: ◯ Monthly ◯ Quarterly ◯ Half-yearly ◯ Annually

Please attach an encoded deposit slip for your bank account.

DETAILS TO APPEAR ON MY/OUR BANK STATEMENT

To be completed by the Initiator

Payer particulars T O W E R H E A L T H

Payer code

Payer reference

AUTHORISATION

I/We, the Customer, authorise you, the Bank, until further notice in writing to debit my/our bank account with all amounts which TOWER Limited (the Initiator), the registered initiator of the authorisation code below, may initiate by the direct debit system. I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed in this form.

AUTHORISED SIGNATURE(S)

Date

Authorisation code 0 3 1 8 7 0 5

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1 The Initiator

(a) Undertakes to give notice to the Acceptor of the commencement date, frequency and amount **at least 10 calendar days before** the first Direct Debit is drawn (but no more than 2 calendar months). 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
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 Debits, the Initiator has agreed to give advance notice of **at least 30 days before** changes come into effect. This notice must be provided either:
(i) in writing; or
(ii) by electronic mail where the Customer has provided prior written consent to the Initiator

(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 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.

(f) Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

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 the Customer and given to or drawn on the Bank.

(b) At any time terminate this Authority as to future payments by notice in writing to the Customer.

(c) Charge its current fees for this service in force from time-to-time.

BANK USE ONLY

Approved
1870
06 | 10

Date Received:	Received By:	Checked By:	BANK STAMP

DDFORM 06/10

Please return completed form to: TOWER Health & Life Limited, PO Box 6547, Wellesley Street, Auckland 1141