

Direct Debit Authority

My account to be debited (acceptor)								Initiator's authorization code						
								0	2	3	1	8	5	7
Name of my bank								Approved						
								3185		04/18				
Bank	Branch				Account						Suffix			
Amount (minimum \$20)														
Frequency		☐ Weekly ☐ Fortnightly					☐ Monthly ☐ One-Off							
Start date														

From the acceptor to my bank:

I authorise you to debit my account with the amount of direct debit instructions received from Public Trust o/a GoalsGetter KiwiSaver Scheme (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 term and conditions that relate to my account, and
- the terms and conditions listed below.

Authorised Signature/s:	Date:

Specific conditions relating to notices and disputes

1. I agree that the Initiator must give me 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 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 have agreed that with the Initiator.
5. I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
 - I didn't 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.
6. 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.

We need 10 working days to set-up your direct debit. If your direct debit is due on a weekend or a public holiday, it will be debited the next business day.

For Bank Use Only			BANK STAMP
Date received:	Recorded by:	Checked by:	
Original – Retain at Branch Copy – Forward to Initiator if requested			