

Direct Debit Authority Form



Please complete this Direct Debit Authority and return to Eftpos NZ by scanning and emailing to: **directdebit@eftpos.co.nz** or posting to us at **PO Box 3457 Wellington**. If you are having any problems completing this form, please call us on **0800 EFTPOS, 0800 338 767**.

EFTPOS New Zealand Contract Number:	<input type="text"/>	OR
EFTPOS New Zealand Reference Number:	<input type="text"/>	
(Also referred to as RID or Merchant Number)		

NAME OF ACCOUNT TO BE DEBITED (ACCEPTOR): <input type="text"/>	INITIATORS AUTHORISATION CODE: <table border="1"><tr><td>0</td><td>1</td><td>0</td><td>0</td><td>4</td><td>6</td><td>6</td></tr></table>	0	1	0	0	4	6	6			
0		1	0	0	4	6	6				
NAME OF MY BANK: <input type="text"/>											
<table border="1"><tr><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td>0<input type="text"/><input type="text"/></td></tr><tr><td>BANK</td><td>BRANCH</td><td>ACCOUNT</td><td>SUFFIX</td></tr></table>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	0 <input type="text"/> <input type="text"/>	BANK	BRANCH	ACCOUNT	SUFFIX	APPROVED: <table border="1"><tr><td>0046</td><td>08/19</td></tr></table>	0046	08/19
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	0 <input type="text"/> <input type="text"/>								
BANK	BRANCH	ACCOUNT	SUFFIX								
0046	08/19										

From the acceptor to _____ (my bank)

I authorise you to debit my account with the amounts of direct debits from Eftpos New Zealand with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

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

Please include the following information on my bank statement:

EFTPOS NEW Z

AUTHORISED SIGNATURE/S: _____/_____	DATE: ____/____/____
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Specific conditions relating to notices and disputes

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I don't receive a written notice of the amount and date of each direct debit from the initiator, or
- I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series. The notice is to include:

- the dates of the debits, and
- the amount of each direct debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice:

- no less than 30 calendar days before the change, or
- if the initiator's bank agrees, no less than 10 calendar days before the change.

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directdebit@eftpos.co.nz PO Box 3457, Wellington 6140