# DIRECT DEBIT AUTHORITY FORM

CareSaver
KiwiSaver Scheme

Use this Form to set up regular payments to be automatically paid into your CareSaver KiwiSaver Scheme account. These contributions will then be invested into your chosen Fund.

## PERSONAL DETAILS

**TITLE** | **FIRST NAME/S** | **LAST NAME**

**CARESAVER KIWISAVER ACCOUNT NO.** *(if known)*

E S G

**DATE FIRST PAYMENT**

**AMOUNT**

$

*Please choose a date **12 business days after** you submit this form*

**FREQUENCY**

Weekly | Fortnightly | Monthly | Quarterly | Annually | One-Off

## BANK INSTRUCTIONS (my account to be debited)

**ACCOUNT HOLDERS, FULL NAME**

**ACCOUNT NUMBER**

*Bank* *Branch* *Account Number* *Suffix*

**INITIATORS AUTHORISATION CODE**

0 6 6 3 1 8 2

Approved

6318 | 07/19

## FROM THE ACCEPTOR, TO MY BANK

I authorise you until further notice to debit my account with the amounts of direct debit instructions received from the CareSaver 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 banks terms and conditions that relate to my account, and
- the specific terms and conditions listed below

**SIGNATURE 1** | **SIGNATURE 2** *(if applicable)* | **DATE**

## 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

## FOR BANK USE ONLY

**DATE RECEIVED** | **RECORDED BY** | **CHECKED BY** | **BANK STAMP**