



Direct Debit Authority

Customer Number

Life Insured/Customer name

Please provide your Bank/Branch number, account number and suffix of the account to be debited in the spaces provided below

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch number	Account number	Suffix

AUTHORITY TO ACCEPT
DIRECT DEBITS
(Not to operate as an
assignment or agreement)

Frequency Monthly Quarterly Half-Yearly Annually

1	2	0	1	2	9	7
---	---	---	---	---	---	---

Authorisation Code

To: The Manager

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

Bank Name

Branch

Postal Address

Town/City

I/We authorise you until further notice in writing to debit my/our bank account with you all amounts which

TOWER Health & Life Limited (hereafter referred to as the Initiator) the registered initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on the reverse of this form.

The information to appear on my/our bank statement (to be completed by Initiator)

T	O	W	E	R		H	E	A	L	T	H
---	---	---	---	---	--	---	---	---	---	---	---

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Payer Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Payer Reference

Name of Account to be debited - Customer (Debtor) to complete

Your signature must appear here

Authorised Signatures

Date

Approved
0129
04 01

FOR BANK USE ONLY

Date Received:	Recorded By:	Checked By:
----------------	--------------	-------------

BANK STAMP

Original - Retain at branch
Duplicate - Forward to Initiator in Postage
Paid envelope provided by Initiator

Please return to
TOWER Health & Life Limited
PO Box 6547, Wellesley Street, Auckland

Conditions of this authority to accept Direct Debits

1 The Initiator:

- a) Undertakes to give written notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first Direct Debit is drawn (but not more than two calendar months). 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 me/us with a schedule detailing each payment 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 written advance notice at least 30 days before the change comes into effect.

- 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 clause 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 a Direct Debit 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 Bank 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 Bank 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 Bank 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 insofar as the Direct Debit has not been paid in accordance with this Authority. Any other disputes lie between me/us and the Initiator.
- d) The Bank accepts no responsibility or liability for the accuracy of information about Direct Debits on Bank Statements.
- e) The Bank is not responsible for, or under any liability in respect of:
 - any variations between notices given by the Initiator and the amounts of Direct Debits.
 - the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/our 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.
- g) 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) At its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this and any other authority, cheque or bank draft properly executed by me/us and given to or drawn on the Bank.
- b) At any time terminate this Authority as to future payments by notice in writing to me/us.
- c) Charge current fees for this service in force from time to time.