DIRECT DEBIT AUTHORITY

vero

DIRECT DEBIT AUTHORITY - How to fill in this Authority

1. Complete your Bank Account Name Details. **2.** Fill in your Bank, Branch, Account, and Suffix Number from which payments are to be made. **3.** Complete your Branch Address. **4.** Complete Personal Vero Account Details. **5.** Sign and date this Authority. **6.** Complete the frequency of payments required. (Please note that only cheque accounts and certain types of savings accounts are available for Direct Debit. If you are unsure about your account, please check with your bank.)

1 Name of Bank Account:

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

2 Bank ☐☐ Branch No. ☐☐☐☐ Account No. ☐☐☐☐☐☐☐ Suffix ☐☐☐

AUTHORISATION CODE
1 2 0 1 0 0 4
(User number)

To: The Manager (Please print full postal address clearly)

3 Bank / Branch:

I/We authorise you until further notice in writing to debit my/our account with all amounts which Vero Insurance New Zealand Limited, (hereinafter 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.

BELOW IS THE INFORMATION THAT WILL APPEAR ON YOUR BANK STATEMENT

Payer Particulars V E R O ☐☐☐☐☐☐☐

Payer Code ☐☐☐☐☐☐☐☐☐☐☐☐☐

4 Name:

Policy Reference: (as shown on the top of your application)

Address:

Phone (private):

Phone (business):

Authorised Signature(s)

5 ✗

Date:

6 Instalment Frequency: ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Six Monthly ☐ Yearly

Date of Commencement / /

If Fortnightly Frequency Which Day: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

If Any Other Frequency: Date of month ☐☐ (i.e: 15th)

FOR BANK USE ONLY

Approved	Date Received:	Recorded By:	Checked By:	Bank Stamp
0100 08/03				

Original - Retain At Branch
Duplicate - Forward to Vero Insurance Limited in self addressed and postage pre paid envelope provided

CREDIT CARD AUTHORITY - How to fill in this Authority

If you would like to pay your insurance premium by credit or charge card please complete the relevant details below, then return it to us along with your personal application. Please do not send us your credit card - all we need is your signature as authority to debit your credit card. *NB: A receipt will not be issued.*

☐ YES, I would like to pay my premium by: ☐ Visa ☐ MasterCard ☐ Amex ☐ Diners

Account No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Cardholder's Name

Contact Phone Number

Card expiry date: / /

Policy reference *(as shown on the top of your application)*

Cardholder's Signature ✗

/ /

Instalment Frequency: ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Six Monthly ☐ Yearly

Date of Commencement / /

If Fortnightly Frequency Which Day: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

If Any Other Frequency: Date of month ☐☐ (i.e: 15th)