

# Direct Debit Authority



This Direct Debit Authority needs to be completed so your monthly deposit can be transferred from your personal bank account into your **activa** Account. Please complete all the following details and return to **activa**, Private Bag 92510, Wellesley Street, Auckland. If you need any assistance while filling out this form, please call toll free on **0800 228 482** or visit **www.activa.co.nz**

## Your activa Account details

activa Card Number

Name

Please enter the name that appears on your activa card

Customer Number

Home Phone

Work Phone

Mobile Phone

## Your bank account details Details of the bank account from which you will transfer monthly payments into your activa Account.

Name of Account

First Name

Last Name

Account Number

Bank

Branch Number

Account Number

Suffix

Bank/Branch

Branch Address

Monthly transfer amount

Date of monthly transfer  NOTE: Should this date fall on a weekend or public holiday, deduction will occur on the next available business day.

Information to appear on my/our Bank Statement

Payer Particular

Payer Code

Payer Reference

I/we authorise you until further notice in writing to debit my/our account with all the amounts which ASB Bank 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 on the conditions listed below.

Authorised Signature(s)  Date / /

**AUTHORITY TO  
ACCEPT  
DIRECT DEBITS**  
(Does not operate as an  
assignment or agreement)

**AUTHORISATION CODE**

Approved

0653

04/05

For Bank Use Only

Date Received

Recorded By

Checked By

Bank Stamp

### Terms and Conditions

Conditions of this Authority to accept direct debits.

#### 1 The Initiator:

##### 10 Day Advance Notice of Each Direct Debit

- Has agreed to give the Acceptor written advance notice of the net amount of each Direct Debit and the initiating date of debiting at least 10 calendar days before (but not more than 2 calendar months) the date the Direct Debit will be initiated. The advance notice will be provided either:
    - in writing; or
    - by electronic mail where the Customer has provided prior written consent to the Initiator. The advance notice will include the following message:  
"Unless advice to the contrary is received from you by (\*date), the amount of \$\_\_\_\_\_ will be directly debited to your Bank account on (initiating date)."  
\*This date will be at least two (2) days prior to the initiating date to allow for the amendment of Direct Debits.
  - 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 this 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:
- At any time, terminate this Authority as to future payment by giving written notice of termination to both the Bank and the Initiator.
  - 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.

#### 3. The Customer acknowledges that:

- This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our accounts 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.
- 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 account.
- Any dispute as to the correctness or validity of any amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other disputes lie between me/us and the Initiator.
- The Bank accepts no responsibility or liability for the accuracy of the information about Direct Debits on Bank Statements.
- 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 the Direct Debits on Bank Statements.
  - the Initiator's failure to give written advance notice correctly, nor for the non receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. 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:

- In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- At any time terminate this Authority as to future payments by notice in writing to me/us.
- Charge its current fees for the service in force from time to time.

The activa Health Management Account is brought to you by Activa Health Limited. The activa Account and related banking services are provided by ASB Bank Limited. The activa Plan is underwritten by the Southern Cross Medical Care Society. Neither Activa Health Limited nor the Southern Cross Medical Care Society is a registered bank. A copy of ASB Bank Limited's disclosure statement is available free of charge at [www.asb.co.nz](http://www.asb.co.nz)