Petplan Client Reference

Petplan®
the pet insurance people

Direct Debit Form

Name of account to be debited _____

Account details:

Bank	Branch	Account Number	Suffix

To the Manager *(please print full postal address clearly)*

Bank _____

Branch _____

Address _____

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

AUTHORISATION CODE

0	2	3	0	2	0	3

POLICY NUMBER _____

I/We authorise you until further notice in writing to debit my/our account with you with all amounts which
Petplan Australasia Pty Ltd
(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 this form.

Information to appear in my/our bank statement:

Payer Particulars	Payer Code	Payer Reference

Name of Account _____

Authorised Signature(s) _____ Date ____/____/____

Approved	For Bank Use Only	*Bank Stamp*
3020	Date Received / Recorded By / Checked By	
04 / 17	Original – Retain at Branch Copy – Forward to Initiator if requested	

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. **The Initiator**
   a. Has agreed to give advance Notice of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days (but not more than 2 calendar months) before the date when the Direct Debit will be initiated. This notice will be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (including by electronic means including SMS) to communicate electronically).
   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 amendment of Direct Debits.
   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 notice of termination to the Bank and to the Initiator by the means agreed by the customer, Bank and Initiator.
   b. Stop payment of any Direct Debit to be initiated under this authority by the Initiator by giving written notice to the BankQciQ.r to the Direct Debit being paid by the Bank.
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 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 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 in so far as the Direct Debit has not been paid in accordance with this authority. Any other dispute lies between me/us and the Initiator.
   d. Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:
   - the accuracy of information about Direct Debits on Bank statements; and
   -any variations between notices given by the Initiator and the amounts of Direct Debits.
   e. The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with I(a) 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.
4. **The Bank may:**
   a. 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 signed 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 its current fees for this service in force from time-to-time.

PLEASE POST ORIGINAL FORM TO: Petplan, PO Box 112250, Penrose, Auckland 1642

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info@petplan.co.nz | www.petplan.co.nz

Every pet deserves Petplan