

Name of account to be debited:			
Account details:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Bank</i>	<i>Branch Number</i>	<i>Account Number</i>	<i>Suffix</i>
BANK / BRANCH			
ADDRESS (PO BOX)			
TOWN/CITY			

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

AUTHORISATION CODE

0	2	2	3	8	8	7
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DATE

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

**Real Finance Ltd - Christchurch**

(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.

<i>Payer Particulars</i>	<i>Information to appear in my/our bank statement: Payer Code</i>	<i>Payer Reference</i>
R E A L F I N A N C E	<input type="text"/>	<input type="text"/>

Name of Account
Authorised Signature(s)

Approved	For Bank Use Only	Date Received:	Recorded by:	Checked by:	BANK STAMP
2387					
12      12		Original – Retain at Branch			
Copy – Forward to Initiator if requested					

**CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS**

1. **The Initiator:**
  - (a) Undertakes to give notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first Direct Debit is drawn (but no more than 2 calendar months). 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).  
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 the Acceptor with a schedule detailing the amount 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 advance notice of at least 30 days before the changes comes into effect. This notice must be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (by electronic means including SMS) to communicate electronically).
  - (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 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 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 back 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 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 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 1(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.
  - (f) 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:**
  - (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.



Date

Real Finance Limited  
P.O Box 11094  
Wellington 6142

**Attention: Credit Control**

To Whom It May Concern:

Please find overleaf a completed direct debit authority requiring your attention.

As your client, I would appreciate confirmation that the authority has been received and uploaded at my bank, via any of the contact methods below at your earliest convenience.

If you have any problems or queries in regards to this request please do not hesitate to contact us in the first instance.

Client Name: \_\_\_\_\_

Contact Phone Number/s: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Postal Address: \_\_\_\_\_

**CLIENT SIGNATURE:** \_\_\_\_\_

fax: (04) 472-5149  
freephone: 0800 21 21 21

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P.O Box 11094  
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New Zealand

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