

DIRECT DEBIT AUTHORITY FORM



Mercury NZ Limited HOME 0800 10 18 10 BUSINESS 0800 20 18 20 EMAIL service@mercury.co.nz WEB www.mercury.co.nz MAIL Private Bag 92008 Auckland 1142

YOUR MERCURY ACCOUNT DETAILS

Name <input type="text"/>	Mercury Account Number <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"/>
Street address <input type="text"/>	Phone number <input type="text"/>
Suburb <input type="text"/>	City <input type="text"/>
	Daytime phone number (if different) <input type="text"/>

DIRECT DEBIT AUTHORITY

Details of the Bank Account you nominate to be debited

Account holder's name

Bank name

Account

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

AUTHORISATION CODE
1200487

Date
/ /

AUTHORISATION

I/We authorise you, until further notice in writing, to debit my/our account with all amounts which MERCURY NZ LTD, Private Bag 92008, Auckland, New Zealand (hereinafter referred to as the 'Initiator'), the registered Initiator of Authorisation Code 1200487, 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 following information will appear in my/our Bank Statement:

Payer particulars <input type="text"/> M <input type="text"/> E <input type="text"/> R <input type="text"/> C <input type="text"/> U <input type="text"/> R <input type="text"/> Y <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"/>	Payer reference <input type="text"/> E <input type="text"/> N <input type="text"/> E <input type="text"/> R <input type="text"/> G <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<input type="text"/>	<input type="text"/>
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Authorised by holder(s) of the above nominated bank account.

For bank use only: <input type="text"/> Approved 0048 <input type="text"/> 10 <input type="text"/> 04	Original - Retain at branch <input type="text"/> Date received:	Copy - Forward to Initiator in post paid envelope <input type="text"/> Received by:	<input type="text"/> Checked by:	<input type="text"/> Bank Stamp
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CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS



1. The Initiator:

- (a) Has agreed to give written advance notice to the Customer of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days (but not more than two calendar months) before the date when the Direct Debit will be initiated. The advance notice will include a schedule of the date(s) and amount(s) to be direct debited, together with the following message:
"The schedule below sets out the payment(s) that will be direct debited from your bank account on the due date(s) specified, UNLESS YOU INSTRUCT US OTHERWISE BY THE CANCELLATION DATE(S) also specified below." The cancellation date will be at least two days prior to the due 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 this Authority. Upon receipt of such notice, the Bank may terminate this Authority as to future payments by notice in writing to me/us.
- (c) May rely on this authority to debit a different bank account upon receipt of instructions from the customer via a bank to which their account has been transferred.

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.

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 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/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 Authority or any other authority, cheque or 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) Change its current fees for this service in force from time-to-time.
 - () Upon receipt of an "authority to transfer form" signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debits.
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