

## Your personal details

Policy Number:

Office use only: STB

Policyholder name:

I would like to pay:  Weekly  Fortnightly  Monthly  Quarterly  Half-yearly  Annually

Preferred start date:   /   /

## Account information

Name of my account to be debited (acceptor)

Name of my bank:

Bank

Branch

Account

Suffix

Initiator's Authorisation Code

0	6	5	4	4	8	3
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Approved

5448

11/17

**From the acceptor to** [insert name of acceptor's bank] **(my bank):**

I authorise you to debit my account with the amounts of direct debits from nib with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below.

## Account Holders signature/s

Authorised signature/s:

X

Date   /   /

### Specific conditions relating to notices and disputes

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I don't receive a written notice of the amount and date of each direct debit from the initiator, or
- I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give a written notice of the amount and date of each direct debit in a series of direct debits no later than the date of the first direct debit in the series. The notice is to include:

- the dates of the debits, and
- the amount of each direct debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice:

- no less than 30 calendar days before the change, or
- if the initiator's bank agrees, no less than 10 calendar days before the change.

Please return completed form to: [newbusinessteam@nib.co.nz](mailto:newbusinessteam@nib.co.nz)