

Direct Debit / Credit Card Authority



How to fill in this authority

1. If you would like to pay your insurance premium directly from your bank account please complete section 1.
2. If you would like to pay your insurance premium by credit card please complete section 2.
3. Please state your preferred method of communication in section 3.

**Print, complete and sign this form. Return to us by: Email (scanned copies) to admin@asteronlife.co.nz,
Fax 0800 808 116
Post: Asteron Life, PO Box 894, Wellington 6140, Freepost 795**

Section 1 Direct debit authority

Payer's Details

Title	<input type="checkbox"/>	Surname	<input type="text"/>	Given name(s)	<input type="text"/>
Phone no.	Home ()	Work ()	Mobile		
Policy numbers	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Authority to accept direct debits (not to operate as an assignment or agreement)

Name of account (holder)	<input type="text"/>				
Customer to complete bank/branch numbers and account number and suffix of account to be debited. (If your suffix is only two numbers, insert a zero first).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank branch	<input type="text"/>			Authorisation code:	0100409
Address	<input type="text"/>				
Town/City	<input type="text"/>			Date	<input type="text"/>

I/We authorise you until further notice in writing to debit my/our account with all amounts which: Asteron Life Limited (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 the reverse of this form.

Authorised signature

FOR BANK USE ONLY

Approved	Date received	Recorded by	Checked by	Bank stamp				
<table border="1"><tr><td colspan="2">0040</td></tr><tr><td>01</td><td>2011</td></tr></table>	0040		01	2011	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0040								
01	2011							

Issuer: Asteron Life Limited

Customer Service Email: contactus@asteronlife.co.nz Fax: 0800 246 067
Phone: 0800 737 101 (Call Centre hours: Mon-Fri 8:00am – 6:00pm)
Asteron Centre, 55 Featherston Street (PO Box 894) Wellington 6140, New Zealand

Section 2 Credit card authority

I authorise Asteron Life Limited to charge my credit card for all payments relating to the above policy number until further notice:

Please tick one Visa Mastercard

Policy numbers

Card holder's name

Card number Expiry date

Card holder's Signature Date / /

Section 3 Preferred method of communication

My preferred method of communication:

Please tick one Email Phone Letter Fax

Contact details for communications

Conditions of the authority to accept a direct debit

1. The Initiator
 - a) undertakes to give written confirmation to the Acceptor of the commencement date, frequency and the amount of the Direct Debit. In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give written advance notice at least 30 days before the change comes into effect.
 - 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.
 - c) may, upon receiving an "authority to transfer form" (dated after the day of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that transfer form and this Authority for the account identified in the authority transfer form.
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.
 - 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) 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.
 - 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 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) charge its current fees for this service in force from time to time.
 - d) 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.