

Once this has been completed and signed please return to any ASB branch or by post to Cards, ASB Bank Limited, PO Box 35, Shortland Street, Auckland 1140.

Please repay monthly to my credit card account number:

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|



A fixed amount \$
 The minimum amount due
 The total credit card account balance
 % of the account balance

Name of bank account

Customer (debtor) to complete bank/branch number & account number & suffix of account to be debited

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Bank Branch number Account number Suffix

Bank:

Branch:

Town/City:

**AUTHORITY TO ACCEPT
DIRECT DEBITS**

(Not to operate as an
assignment or an agreement)

AUTHORISATION CODE
1 2 0 0 2 5 1

Date
D D M M Y Y Y Y

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

ASB Bank 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 this form.

INFORMATION TO APPEAR IN MY/OUR BANK STATEMENT:

| | | |
|----------------------|----------------------|----------------------|
| Payer particulars | Payer code | Payer reference |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

YOUR SIGNATURE MUST APPEAR HERE

NAME OF BANK ACCOUNT - CUSTOMER (DEBTOR) TO COMPLETE

X _____
Authorised signature

X _____
Authorised signature

FOR BANK USE ONLY

| |
|---------------------------------------|
| Approved 0025 ----- 2/91 |
|---------------------------------------|

| | | |
|----------------------|----------------------|----------------------|
| Date received | Recorded by | Checked by |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| |
|---------------|
| Bank Stamp |
|---------------|

Original - Retain at Branch

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. The advance notice will be provided either:
 - i) in writing; or
 - ii) by electronic mail where the Customer has provided prior written consent to the Initiator.
 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 Instruction being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Instruction. Upon receipt of such notice the Bank may terminate this Instruction as to future payments by notice in writing to me/us.

2. The Customer may:

- a) At any time, terminate this Instruction 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 Instruction 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 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 clause 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.

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 Instruction, 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.