

For Bank Use Only

Date Received:

Original – Retain at Branch Copy – Forward to Initiator if requested Recorded by:

Checked by:



	My account to be debited (acceptor)	Initiator's authorisation code		
		0 2 3 6	6 0 4	4
	Name of my bank:			_
		Appro	oved	_
		3604	03/21	
	Bank Branch Account Suffix		00,=:	
Fro	om the acceptor to my bank:			
Ιaι	uthorise you to debit my account with the amounts of direct debit instructions i	received from		
	e Soil and Health Association of New Zealand (the 'Initiator') with the author	orisation code spe	cified on	
this authority and in accordance with this authority until further notice from me.				
I agree that this authority is subject to:				
	 my bank's terms and conditions that relate to my account, and the terms and conditions listed below. 			
	• the terms and conditions listed below.			
	Authorised signature/s:	Date:		
		1	1	
		/		
Specific conditions relating to notices and disputes				
- -	3			
1)	I agree that the Initiator must give me at least 10 days' prior notice of each direct debit in a series.	lirect debit, includ	ing the first	
2)	Changes to the amounts or dates of a series of direct debits require 30 days	' prior notice to m	e.	
3)	I can also agree with the Initiator to receive a same day notice for direct deb me.	its specifically req	uested by	
4)	All notices must be in writing, but can be delivered electronically, if I have ag	reed that with the	Initiator.	
5)	I can also ask you to reverse a direct debit up to 120 days after the direct de	bit if:		
•	I didn't receive proper notice of the amount and date of the direct debit, or the direct	or		
	I received notice but the amount or date of the direct debit is different from notice.	om the amount or	date on the	
6)	If you dishonour a direct debit but the Initiator retries it within 5 business day I understand that the Initiator doesn't need to notify me again about that dire		irect debit,	

BANK STAMP