

Please attach an encoded bank deposit slip with this form.

EBS Ref #



The Education Benevolent Society Incorporated
84 - 86 Dixon Street
Wellington
Freeport 3618
P.O. Box 11-045
Manners Street
Wellington
Tel (04) 802-4200
Fax (04) 384-9009
Freephone 0800-800-441

Part A: Information for EBS Health Care

Name of Contributor:

Payment Frequency: Monthly [] Annually []

Part B: Information for your bank

Name of Account:

Bank Account from which payment is to be made

Bank Branch Account Number Suffix

To: The Bank Manager
Bank
Branch
Town/City

AUTHORITY TO ACCEPT DIRECT DEBITS
(NOT TO OPERATE AS AN ASSIGNMENT OR AGREEMENT)

0203441
Authorisation Code

I/We authorise you until further notice to debit my/our account with you all amounts which the registered initiator of the above Authorisation Code EBS Health Care, 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.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Payer Particulars Payer Code Payer Reference
E B S H E A L T H C A R E S U B S

YOUR SIGNATURE(S)
Name of account - Customer to complete
date

For Bank Use Only

Approved 0344 04 1995
Original - retain at Branch
Copy - Forward to Initiator if requested
Date received:
Recorded by:
Checked by:
BANK STAMP

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator:--

- (a) The Initiator (EBS Health Care) undertakes to give written notice to the Acceptor of the commencement date, frequency and amount of at least 10 calendar days before the first Direct Debit is drawn (but not more than 2 calendar months). In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give written advice 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.

2. The Customer may:--

- (a) At any time, terminate this authority for 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) The 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 agreement 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
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 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 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 order, 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 fee for this service in force from time to time.