

through the Initiator's Bank where the Initiator cannot produce a copy of the

Instructions and/or Confirmation to me/us that I/we are reasonably satisfied

by the Initiator under the Instructions

demonstrate that I/we have authorised my/our bank to accept Direct Debits from

the Initiator against my/our account PROVIDED the request is made not more than

9 months from the date when the first Direct Debit was debited to my/our account

Direct Debit Authority Form	rpose
Legal Name:	IMPORTANT: Complete this form and return
Trading Name:	it to Windcave New Zealand Limited, PO Box
Phone number:	Customer ID: 8400, Auckland 1150, New Zealand. Once
Name: (of Bank account to be debited)	your Direct Debit has been set up and activated, it will be indicated on your
Bank Account to be debited:	Windcave New Zealand Limited bill.
Bank Branch Account	Suffix
I/we authorise Windcave Limited or Windcave New Zealand Limited (as applicable) to use this Direct Debit Authority for all customer	
(To ensure your bank account is loaded correctly, please attach a copy of a recent bank statement or bank letter with your bank account	t number and bank account name clearly indicated.) DEBITS (not to operate as an agreement or
To the Manager (Please print full postal address clearly for window envelope)	assignment)
Bank:	
Branch:	
Address:	AUTHORISATION CODE
Town/City	1221774
I/We authorise you until further notice in writing, to debit my/our account with all amounts which	
Initiator of the above Authorisation Code may initiate by Direct Debit. I/We acknowledge and acc Information to appear on my/our bank statement:	ראיז איז איז איז איז איז איז איז איז איז
Payer Particulars System Generated	System Generated
Authorised Name:	
Authorized Cignoture:	Date: (DD/MM/YY)
Authorised Signature:	
APPROVED FOR BANK USE ONLY:	
Date received: Recorded by:	Checked by: Bank Stamp:
2012	
1115	
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- $\textbf{4.3} \quad \text{Charge its current fees for this service in force from time to time.}$
- **4.4** 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