

# Direct Debit Form

If you would like help in completing this form, please email [enquiries@fisherfunds.co.nz](mailto:enquiries@fisherfunds.co.nz), visit [fisherfunds.co.nz/support](https://fisherfunds.co.nz/support) or phone us on **0508 347 437**.

Please complete all fields. This will take up to 10 working days to load and will replace any existing direct debit you may have in place.

## Personal details

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

IRD number	Daytime phone number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	( <input type="text"/> ) <input type="text"/>

Email address	<input type="text"/>	<input type="checkbox"/> I consent to electronic mail being used by the Fisher Funds KiwiSaver Plan to provide me with written notices related to direct debits.
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I want to (please tick)	Amount	First payment date
<input type="checkbox"/> Set up a new direct debit <input type="checkbox"/> Change my existing direct debit	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Frequency
<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Six-monthly

## Your account details

Name of account to be debited
<input type="text"/>

Account details
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank Branch Account number Suffix

Bank/Branch
<input type="text"/>

### Authority to accept direct debits

(Not to operate as an assignment or agreement)

Authorisation code

**1 2 0 8 6 8 5**

By submitting this form I confirm that I am the sole account holder of the above account, or if not, I am authorised to operated the nominated bank account above individually and not jointly.

## Information to appear in my/our bank statement

Payer reference	Payer code
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## To: The Bank Manager

Bank	Branch	Street address/PO Box
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	City	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We authorise you to debit my/our account with the amounts of Direct Debits from **Fisher Funds KiwiSaver Plan** with the Authorisation Code specified on this authority until further notice. I/We agree that this authority is subject to the bank's terms and conditions that relate to my/our account, and the specific terms and conditions listed below.

Authorised signature/s:	Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

## For Bank Use Only

APPROVED 0868 07 07	Date Received	Recorded by	Checked by	BANK STAMP
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# Direct Debit Form (continued)

## Specific conditions relating to notices and disputes

- I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:
- I don't receive a written notice of the amount and date of each direct debit from the initiator, or

I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice. The initiator is required to give you a written notice

of the amount and date of each direct debit no less than 10 calendar days before the date of the debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

## Conditions of this Authority

### 1. The Initiator:

#### 1.1 Will provide notice either:

1.1.1. in writing; or

1.1.2. by electronic mail where the Customer has provided prior written consent to the Initiator.

#### 1.2 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 two calendar months) before the date when the direct debit will be initiated.

1.2.1. 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 from your Bank account on (initiating date\*)." **\*This date will be at least two days prior to the initiating date to allow for amendment of direct debits.**

1.3 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.

1.4 May rely on this authority to debit a different bank account upon receipt of instructions from the Customer via a bank to which their account has been transferred.

### 2. The Customer may:

2.1 At any time, terminate this Instruction as to future payments by giving written (or by the means previously agreed in writing) notice of termination to the Bank and to the Initiator.

2.2 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:

3.1 This Instruction 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 Instruction until actual notice of such event is received by the Bank.

3.2 In any event this Instruction is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.

3.3 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 Instruction. Any other disputes lie between me/us and the Initiator.

3.4 Where the Bank has used reasonable care and skill in acting in accordance with this Instruction, the Bank accepts no responsibility or liability in respect of:

3.4.1. the accuracy of information about direct debits on Bank statements; and

3.4.2. any variations between notices given by the Initiator and the amounts of direct debits.

3.5 The Bank is not responsible for, or under any liability in respect, of the Initiator's failure to give notice in accordance with clause 1.1, 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:

4.1 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.

4.2 At any time terminate this Instruction as to future payments by notice in writing to me/us.

4.3 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.



### Please send the completed form and supporting documents to:

Fisher Funds KiwiSaver Plan  
Private Bag 93502  
Takapuna  
Auckland 0740

Or you can email your form to  
[enquiries@fisherfunds.co.nz](mailto:enquiries@fisherfunds.co.nz)