



Fill in the required details clearly in BLOCK CAPITALS and make sure that you have given us your signature and contact phone number.

Members of an employer work scheme - your deduction date and frequency may be deducted according to your current pay cycle.

To ensure your correct bank account is debited, **please enclose a deposit slip for the bank account you have nominated.** Then simply send this to us in the postage paid envelope provided.

We will automatically adjust the deduction amount when changes happen to your policy and notify you in advance of the deduction date. You don't have to fill in another form.

This information is being collected by Southern Cross Medical Care Society for administration purposes, including billing. You have the right of access to, and to request correction of, any personal information held by us.

If you need any further information just call us toll-free on **0800 800 181** and one of our Member Services team will help you.

YOUR DETAILS

Membership or policy number

Group code (for office use only)

Please read Conditions of the Authority overleaf.

Name of policyholder _____ Daytime phone no _____

1. Please choose **one of the following** deduction frequencies and specify the deduction date.

Weekly Fortnightly Monthly
 Day Month Day Month Day Month

Note: 1. Enter the date that you want the direct debit deduction cycle to start deducting money from your bank account.

- 2. Direct debit deductions can only occur on a week day (not Saturday/Sunday). Should the date fall on a public holiday, deduction will occur on the next available business day.
- 3. Southern Cross is required to give you **10 days notice** in writing prior to your first deduction. An invoice/statement will be sent to you 10 days prior to the deduction. To meet this requirement, please ensure we receive this form **at least 15 days** prior to your nominated deduction date.
- 4. If Southern Cross is unable to meet the 10 day notice requirement, your deduction will occur on the next deduction date according to your deduction frequency. The first deduction may include more than one bill period.

2. Bank account details

Name of bank account holder _____

Please provide your bank/branch number, account number and suffix of the account to be debited in the spaces below.

BANK/BRANCH NUMBER

ACCOUNT NUMBER

SUFFIX

Bank/branch _____

AUTHORITY TO ACCEPT
DIRECT DEBITS
Not to operate as an
assignment or agreement

AUTHORISATION
CODE
1200357
(user number)

I/We authorise you until further notice in writing to debit my/our account with all the amounts which Southern Cross Medical Care Society, Level 1, Ernst & Young Building, 2 Takutai Square, Auckland 1010 (hereafter 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 authority only on the conditions overleaf.

Information to appear on my/our Bank Statement

PAYER PARTICULARS

PAYER CODE

PAYER REFERENCE

Authorised signature(s) _____ Date _____

FOR BANK USE ONLY

APPROVED

DATE RECEIVED

RECORDED BY

CHECKED BY

BANK STAMP

CONDITIONS OF THE AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator:

- (a) Undertakes to give written notice to me/us of the commencement date, frequency and amount of the Direct Debit at least 10 calendar days (but no more than 2 calendar months) before the first Direct Debit is drawn. Where the Direct Debit System is used for the collection of payments which are regular as to frequency, but variable as to amounts, the Initiator undertakes to provide me/us with a schedule detailing each payment amount and each payment date. In the event of any subsequent change to the frequency or amount of the Direct Debit, the Initiator has agreed to give written notice at least 30 days before that 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 this 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 as to future payment by giving written notice of termination to both the Bank and 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 a request is made not more than 120 days from the date when the Direct Debit was debited to his/her account.

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 accounts 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 any 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 lie between me/us and the Initiator.
- (d) The Bank accepts no responsibility or liability for the accuracy of the information about Direct Debits on Bank Statements.
- (e) The Bank is not responsible for, or under any liability in respect of:
 - any variations between notices given by the Initiator and the amounts of the Direct Debits on Bank Statements.
 - 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 clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because of 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 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 fees for the service in force from time to time.