



**FINANCIAL SYNERGY**  
*Premium Funding*

# Direct Debit Authority

Please complete this form and email to:

info@financialsynergy.co.nz or post this form to: Financial Synergy Limited,  
PO Box 106-935, Auckland 1143.  
[www.financialsynergy.co.nz](http://www.financialsynergy.co.nz)

Name of my account to be debited: <input type="text"/>			
Name of my bank: <input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account	Suffix

Initiator's Authorisation Code <b>0308807</b>
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Approved	
<b>0880</b>	<b>05/15</b>

From the acceptor to *[insert name of acceptor's bank]* (my bank):

I authorise you to debit my account with the amounts of direct debits from **Financial Synergy Limited** with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below.

Please include the following information on my bank statement:

Authorised signature/s:  _____	Date:  ____/____/____
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### Specific conditions relating to notices and disputes

1. I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:
  - I don't receive written notice of the amount and date of each direct debit from the initiator, or
  - I receive written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.
2. The initiator is required to give me written notice of the amount and date of each direct debit no less than 2 business days before the date of the debit.
3. If the bank dishonours a direct debit but the initiator sends the direct debit a second time within 5 business days of the original direct debit, the initiator is not required to notify me a second time of the amount and date of the direct debit.