Direct debit authority



Once complete, please email form to accounts.nz@petcovergroup.com

Petcover Policy Number or Quote Number:

My account to be debited (acceptor)			Initiator's authorisation code						
			0	2	3	6	7	7	4
Name of my bank:				1	1	1	1		
				Approved					
				367	77		08	3/21	
Bank Branch	Account	Suffix							

From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debit instructions received from

Petcover NZ Limited (the 'Initiator') with the authorisation code specified on this authority and in accordance with this authority until further notice from me.

I agree that this authority is subject to:

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

Authorised signature/s:	Date:

Specific conditions relating to notices and disputes

- 1) I agree that the Initiator must give me at least 10 days' prior notice of each direct debit, including the first direct debit in a series.
- 2) Changes to the amounts or dates of a series of direct debits require 30 days' prior notice to me.
- 3) I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
- 4) All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.
- 5) I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
 - I didn't receive proper notice of the amount and date of the direct debit, or
 - I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
- 6) If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

For Bank Use Only				
	Date Received:	Recorded by:	Checked by:	BANK STAMP
Original – Retain at Branch Copy – Forward to Initiator if requested				

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