

Direct Debit Authority

How to fill in this authority

- 1. If you would like to pay your premium by Direct Debit from your bank account please complete section 1.
- 2. Please state your preferred method of communication in section 2.

Complete and sign this form. Return to us by:

Email (recommended): contactus@asteronlife.co.nz, Post: Freepost 795, PO Box 894, Wellington 6140.

1. Direct debit authority

Payer's details (Please use BLOCK LETTERS)		
Title Family name	Given name(s)	
Phone number(s) Home () Work ()		Mobile ()
Policy number(s)		
Authority to accept Direct Debits		Authorisation code
Name of account holder		0 1 0 0 4 0 9
Name of my bank		Approved
BANK BRANCH ACCOUNT NUMBER SUFFIX		0040
		10 2017
From the acceptor (you) to your bank:		
I authorise you to debit my account with the amounts of direct debits from Asteron Life 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.		
A cathe anima at a impact con		Cian have
Authorised signature		Sign here Date
Specific direct debit conditions relating to notices and disputes		Sign nere Date
	the direct debit again within	rect debit but Asteron Life sends n 5 business days of the dishonour, I to give notice of the amount and
Specific direct debit conditions relating to notices and disputes Asteron Life is required to give written confirmation of the amount and date of each direct debit in a series of direct debits no later than the date of the first direct debit. The confirmation is to include:	the direct debit again within Asteron Life is not required date of the second direct d If Asteron Life proposes to	rect debit but Asteron Life sends n 5 business days of the dishonour, d to give notice of the amount and lebit. change an amount or date of a direct
Specific direct debit conditions relating to notices and disputes Asteron Life is required to give written confirmation of the amount and date of each direct debit in a series of direct debits no later than the date of the first direct debit. The confirmation is to include: • the dates of the debits, and	the direct debit again within Asteron Life is not required date of the second direct d If Asteron Life proposes to debit specified in the confiner no less than 30 calend	rect debit but Asteron Life sends n 5 business days of the dishonour, d to give notice of the amount and lebit.
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