

Please complete and return:

- **By email:** scan and send to customerservice@fidelitylife.co.nz
- **By post:** Fidelity Life, PO Box 37–275 Parnell, Auckland 1151

STB <input type="text"/>	Policy number(s) <input type="text"/>	Contact phone number <input type="text"/>
Office use only		
I would like to pay: <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half-yearly <input type="radio"/> Annually		

Direct Debit Authority

Name on my account to be debited (acceptor): <input type="text"/> Name of my bank: <input type="text"/> My bank account number: <table border="0"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Bank</td> <td>Branch</td> <td colspan="6">Account</td> <td colspan="3">Suffix</td> </tr> </table>	<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						Suffix			Initiator's authorisation code <div>0 6 0 4 9 0 2</div> <div>Approved</div> <hr/> <div>490 04/20</div>
<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						Suffix																

From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debits from **Fidelity Life Assurance Company 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:

SPECIFIC CONDITIONS RELATING TO NOTICES AND DISPUTES

- For scheduled payments the initiator is required to give you a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series.
The notice is to include:
 - The dates of the debits, and
 - The amount of each direct debit.
 If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice no less than 30 calendar days before the change, or
 For variable payments 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, or
 For customer-initiated payments the initiator may only send a direct debit if you have:
 - Asked the initiator to send it, and
 - Agreed the amount of the direct debit, and
 The initiator is required to give you a written notice of the amount and date of each direct debit no less than the date of the debit.
- 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.
- If the bank dishonours a direct debit but the initiator sends the direct debit again once 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.