

Direct debit authority form

To set up a recurring direct debit from your bank account to SuperLife, complete this form and email it to us at **superlife@superlife.co.nz** or post it to us at PO Box 105262, Auckland 1143.

Personal an	nd c	on	ntri	bu [·]	tio	n d	eta	ails	3															
Member name(s):	ember name(s):															Instructions: (Tick one)								
Member IRD numb	ember IRD number:															Set up a direct debit								
Direct debit start da	ect debit start date (required):															Change the bank account an existing direct debit is paid from								
Direct debit amoun	rect debit amount \$																		·					
Frequency: (Tick one)	equency: (Tick one) Weekly Fortnightly Monthly															Change the amount and/or frequency of an existing direct debit						/		
Payment to: (Tick on SuperLife Inve	SuperLife Invest SuperLife KiwiSaver scheme SuperLife workplace savings scheme Insurance																							
Direct (u†	th	0	rit	ty															
Bank accou													C I											
Name of bank:											Nar	ne o	it ba	nk ad	coun	it hol	der: _							
Bank account num Bank Branch	ber t	rom			aym		are	to b	e ma	ade:	ffix							lip or bank paded corre						
Information	to	ар	pe	ar	on	ba	nk	st	ate	em	en	t												
Payer particulars:	SUPERLIFE										roved: 327			Authoris	ation Co	de								
Payer code:																	01	15			101	0 2 7		
Payer reference:																					121	021	3	
Authorisation I/We authorise you code specified on the bank's terms and continued to the second sec	ı to d this a	utho	ority	in a	ccor	danc	e w	ith th	nis a	uthc	ority	until	furt	ther r	notice	e. I/W	e agre	ee that th	his auth	ority	is subje			
Account holder sig	Account holder signature(s):															Date:								

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Specific terms and conditions

You may ask your bank to reverse a direct debit up to 120 calendar days after the debit if you don't receive written notice of the amount and date of each direct debit from the initiator, or you receive written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give you written notice 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 in the series. The notice is to include the dates of the debits and the amount of each direct debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within five 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.

Insurance only – 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, if the initiator's bank agrees, no less than ten calendar days before the change.