SOUTHWELL SCHOOL
Est. 1911

Tel: +64 7 855 2089
Fax: +64 7 855 9023
Email: office@southwell.school.nz
Postal: PO Box 14015, Five Cross Roads
Hamilton 3252, New Zealand
Physical: 200 Peachgrove Road,
Hamilton, New Zealand

Direct Debit authority

My account to be debited (acceptor)

Name of my bank:

Bank	Branch	Account	Suffix
0 0	0 0 0 0	0 0 0 0 0 0 0	0 0

Initiator's authorisation code

0	2	3	0	6	5	8

Approved

3065	08/18

From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debit instructions received from ***SOUTHWELL SCHOOL TRUST BOARD*** (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

Payment Plan

Family code (eg SMITH01) _____

Pay 10 equal monthly installments as per payment schedule $_____

Other – please specify amount $_____