## **New Zealand Police**





## **Direct Debit Authority Form for:**

(Agency code)		
This form is for the sole purpose of requests subject to the Policing Act	_	_
For any queries and to return this of Administrator at <a href="mailto:vettingaccounts@">vettingaccounts@</a>		Debt Recovery
Name of bank account (acceptor):  Name of bank:		Authorisation code  0 3 3 4 9 6 2
Bank Branch Accou	unt Suffix	Approved 3496 04 17
From the acceptor to my/our back.  I/we authorise you to debit my accommodate with the authorisation code specifical further notice.	ount with the amounts of direct de	
I/we agree that this authority is sul	oject to:	
<ul><li>The bank's terms and cond</li><li>The specific terms and cond</li></ul>	itions that relate to my account, a ditions listed below.	nd
Authorised signature(s):	_	Date:
Name:	Name:	.

## Specific conditions relating to notices and disputes:

- 1. The initiator is required to give me/us a written notice of the amount and date of each direct debit no less than 10 calendar days before the date of the debit.
- 2. I/we may ask my/our bank to reverse a direct debit up to 120 calendar days after the debit if:
  - I/we do not receive a written notice of the amount and date of each direct debit from the initiator, or
  - I/we receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.
- 3. If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give me/us a second notice of the amount and date of the direct debit.
- 4. I/we will notify my/our bank and the initiator of any cancellation of this authority.