

## **AUTHORITY TO ACCEPT DIRECT DEBITS.**

BANK INSTRUCTIONS:									
Account Holder Name/s			Your Contact Ph	none Number					
Bank account from which payments to be made  Bank Branch Account number			fix	AUTHORISATION CODE 0131935					
TO THE BANK MANAG	iER:								
Bank:									
Branch:									
Town/City:									
on this authority in acco	debit my/our account with th ordance with this authority u subject to the bank's terms	until further notice.							fied
Customer Signature/s					Date		/	/	
REPAYMENT OPTION	- PLEASE SELECT YOUR PA								
	OR Fixed Monthly Amouned - Your payment will be debited		or Closing E ur due date.	3alance					
REFERENCE The last 12 digits of your Q Card number, starting 3101*  PARTICULARS Surname & Initials				CODE					
3 1 0 1					6 0	1 5			
* To direct a payment to a speci reference).	ific plan use the contract number of the	at plan as the reference num	ıber (this should repla	ace the last 12 digits (	of your card numb	er that you w	ould usually u	ise as a payme	ent
BANK USE ONLY									
Approved									
	21								
03	11								
I/We may ask my/our Bai     i. I/we don't receive a     ii. I/we receive a writte      The Initiator may only sei     i. asked the Initiator to	-	alendar days after the debit of the direct debit from the	Initiator; or	e specified on the nc	otice.				

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 you a second notice of the amount and date of the direct debit.

3. I/We may stop payment of any direct debit to be initiated under this Authority by the Initiator by giving written notice to the Initiator at least 2 working days prior to the direct debit being paid by the Bank.