

DIRECT DEBIT AUTHORITY FORM

RD1 Limited
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PO Box 9045
Hamilton 3240, New Zealand
Tel: 07 858 0600
Fax: 07 858 0601
WWW.RD1.COM

RD1

LOW PRICES
GREAT SERVICE

Direct Debit is a convenient and easy way to pay your account.

Please complete this form and mail it in an envelope to: Freepost RD1, RD1 Limited, PO Box 9045, Hamilton 3240. If you have any queries please phone 0800 731 266.

This form authorises RD1 to direct debit from my bank account the balance of my RD1 account.

Account name:	<p>AUTHORITY TO ACCEPT DIRECT DEBITS</p> <p>(Not to operate as an assignment or agreement)</p>
Bank/Branch:	
Town/City:	
Account number: <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<p style="text-align: center;">Bank Branch Account Number Suffix</p>	
Please attach an encoded deposit slip to ensure your number is loaded correctly	

MY RD1 ACCOUNT DETAILS

Account name:	AUTHORISATION CODE
Account number: <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 3 1 0 3 6 1

INFORMATION AND AUTHORISATION

Information to appear on my/our bank statement:

Your bank statement will automatically show your name and RD1 account number

R D 1 <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"/> <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"/> <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"/> <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"/> <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"/>
Payer particular	Payer code	Payer reference

Authorisation:

I/We authorise you until further notice in writing to debit my/our account with you all amounts which RD1 Limited the registered initiator of the above authorisation code may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed in the Term and Conditions attached.

Authorised signature:

Authorised signature:

Date:

FOR BANK USE ONLY

<p>Approved</p> <p style="text-align: center;">1036</p> <p style="text-align: center;">05/03</p>	Date received:	Recorded by:	Checked by:	Bank stamp:
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Please note that only cheque accounts and certain types of savings accounts are available for direct debit. If you are unsure about your account, **please check with your bank.**

RD1 will need to receive your application for direct debit at least two days before the end of the month, for your automatic payment to be activated on the 20th of the following month. If not, it will commence a month later, and a final manual payment will need to be made.

CONDITIONS OF THIS DIRECT DEBIT AUTHORITY

1. The Initiator: (RD1)

- (a) RD1 has agreed to give written advance notice of the net amount of each Direct Debit and the due date of debiting at least 7 calendar days before (but not more than 2 calendar months) the date the Direct Debit will be initiated. The advance notice will be provided either:

(i) in writing; or

(ii) by electronic mail where the Customer has provided prior written consent to the Initiator

The advance notice will include the following message: "Unless advice to the contrary is received from you by (*date), the amount of \$_____ will be directly debited to your Bank account on (initiating date)."

*This date will be at least two (2) days prior to the due date to allow for the amendment of Direct Debits.

- (b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:

- (a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- (b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

3. The Customer acknowledges that:

- (a) This authority will remain in full force and effect in respect of all Direct Debits made from my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
- (b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other disputes lie between me/us and the Initiator.
- (d) The Bank accepts no responsibility or liability for the accuracy of information about payments on Bank Statements.
- (e) The Bank is not responsible for, or under any liability in respect of:
- Any variations between notices given by the Initiator and the amounts of Direct Debits.
 - The Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- (f) Notice given by the Initiator in terms of clause 1(b) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The Bank may:

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time-to-time.