

Setting up a direct debit

Authority for Clutha Vets Payments



Your name - as it appears on your Clutha Vets Account

First	Last	Clutha Vets Account Number
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☒ Full balance of current statement on "Payment Due Date" – the 20th of each month

Your name - as it appears on your bank statement

First	Last
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Authority to accept direct debits
(Not to operate as an assignment or agreement)

Authorisation code

0 2 0 6 4 0 6

Bank account from which payments are to be made

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Bank

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Branch

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Account number

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Suffix

To the manager

Bank

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Branch

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Town

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I/We authorise you until further notice, to debit my/our account with all amounts which CLUTHA VETERINARY ASSOCIATION INC. (hereinafter referred to as the Initiator) 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 on the reverse of this form.

Information to appear on my/our bank statement

Payer Particulars

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(Last Name)

Payer Code

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(Clutha Vets Account Number)

Payer Reference

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Authorised signature

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Authorised signature

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Date

D	D	M	M	Y	Y
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For bank use only

Approved 0640	
05	11

Date received:

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Recorded by:

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Checked by:

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Bank Stamp

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Conditions of this authority to accept direct debits

1. The Initiator:
 - a. has agreed to give written advance notice of the net amount of each direct debit and the due date of debiting at least 10 calendar days before (but not more than two calendar months) the date the direct debit will be initiated. 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 days prior to the due date to allow for 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 anytime, 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. where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:
 - i. the accuracy of information about direct debits on bank statements;
 - ii. any variations between notices given by the Initiator and the amounts of direct debits.
 - e. the Bank is not responsible for, or under any liability in respect of 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.
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.

Return this form to:

FreePost Authority Number 216889



FreePost number 216889
CLUTHA VETERINARY ASSN INC.
PO BOX 231
BALCLUTHA 9240