

Direct Debit Authority

Use this form if you:

- Want to pay your premium by direct debit.
- Want to update or change an existing direct debit.

How to fill in this form

1. Pay your premium by direct debit and complete Section 1.
2. Please state your preferred method of communication in Section 2.

Complete, sign and return this form by: Email to contactus@aalife.co.nz

Post to Asteron Life, PO Box 894, Wellington 6140.

Section 1 - Direct Debit Authority

Payer's details (please print)

Title	<input type="text"/>	Surname	<input type="text"/>	Given name(s)	<input type="text"/>
Phone no.	Home <input type="text"/>	Work <input type="text"/>	Mobile <input type="text"/>		
Policy number(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Authority to accept direct debits

Name of account holder

Authorisation code

0 1 0 0 4 0 9

Name of bank

Approved

<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"/>
BANK	BRANCH	ACCOUNT NUMBER										SUFFIX							

0040

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From the acceptor (you) to your bank:

I authorise you to debit my account with the amounts of direct debits from Asteron Life Limited with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below.

Authorised signature

Date signed

/ /

Specific direct debit conditions relating to notices and disputes

Asteron Life is required to give written confirmation of the amount and date of each direct debit in a series of direct debits no later than the date of the first direct debit. The confirmation is to include:

- The dates of the debits, and
- The amount of each direct debit.

By signing this form, I understand that:

- I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:
 - I don't receive a written confirmation of the amount and date of each direct debit from Asteron Life, or
 - I receive a written notice, but the amount or the date of debiting is different from the amount or date specified on the notice.
- If I'm not reasonably satisfied that the authority authorised my bank to debit my account with the amount of the direct debit, I may ask my bank to reverse a direct debit up to 9 months after the date Asteron Life sent the first direct debit under the authority.
- If Asteron Life proposes to change an amount or date of a direct debit specified in the confirmation, they are required to give notice:
 - No less than 30 calendar days before the change, or
 - If Asteron Life's bank agrees, no less than 10 business days before the change.

I understand I can contact Asteron Life at any time and cancel or change this payment authority.

Section 2 - Preferred Method of Communication

My preferred method of communication is (please tick one): Email Phone Letter

Contact details for communications

Asteron Life Limited

contactus@aalife.co.nz | 0800 874 444 | aalife.co.nz

Contact Centre Hours: Mon - Fri, 8.30am - 5pm

AA Life Insurance policies are distributed by The New Zealand Automobile Association Incorporated and are provided and underwritten by Asteron Life Limited.