

Direct Debit/ Credit Card Authority

Use this form if you:

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

How to fill in this form

1. If you would like to pay your premium by direct debit from your bank account, please complete Section 1.
2. If you would like to pay your premium by credit card or debit card, please complete Section 2.
3. Please state your preferred method of communication in Section 3.

Once the form is complete and signed, please send to info@aapet.co.nz

Section 1 - Direct Debit Authority

Payer's details (please print)

Policy number(s)

Title

First name

Surname

Contact number

Email

Address

Postcode

Authority to accept direct debits

Name of account holder(s)

Authorisation Code:

0134381

Name of bank

Approved:

3438

05/21

BANK

BRANCH

ACCOUNT NUMBER

SUFFIX

From the acceptor (you) to your bank:

I authorise you to debit my account with the amounts of direct debits from The Hollard Insurance Co Pty Ltd 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.

Signature

Date

