

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

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.

☐

This bank account should also replace the existing account on file for eligible claim benefit to be reimbursed to (optional).

Signature

Date

Specific direct debit terms and conditions relating to notices and disputes

The Hollard Insurance Co Pty Ltd 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 if:
 - I don't receive a written confirmation of the amount and date of each direct debit from The Hollard Insurance Co Pty Ltd, 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 The Hollard Insurance Co Pty Ltd sent the first direct debit under the authority.
- If The Hollard Insurance Co Pty Ltd proposes to change an amount or date of a direct debit specified in the confirmation, they are required to give notice no less than 21 calendar days before the change.

I understand I can contact The Hollard Insurance Co Pty Ltd 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

☐

Contact details for communications



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