



Kiwi VOIP Account No

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# Direct Debit Authority

## ACCOUNT INFORMATION

Name of account

Customer (Acceptor) to complete bank/branch number and account number and suffix of account to be debited

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Bank Branch number

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Account number

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Suffix

### AUTHORITY TO ACCEPT DIRECT DEBITS

(not to operate as an assignment or agreement)

Authorisation code

0	2	4	1	1	8	8
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(User number)

TO: The Manager

Bank name:

Address (PO Box)



Town/city

Date

DD / MM / YYYY

#### From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debit instructions received from

**Lobo Limited TA Kiwi VoIP** (the 'Initiator') with the authorisation code specified on this authority and in accordance with this authority until further notice from me.

I agree that this authority is subject to:

- my banks terms and conditions that relate to my account, and
- the terms and conditions listed below.

## INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Payer particulars

K	I	W	I	V	O	I	P				
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Payer code

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Payer reference

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Name of account (customer to complete)

Authorised signatures

SIGNATURE
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SIGNATURE
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APPROVED

4118

12 | 24

FOR BANK USE ONLY

Date received

Recorded by

Checked by

Original - Retain at Branch

Copy - Forward to Initiator if requested

BANK  
STAMP

## 1. The Initiator:

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- a) Has agreed to send notice of the net amount of each Direct Debit no later than 10 days before the Direct Debit is initiated. This notice will be provided either:
  - i) in writing; or
  - ii) by electronic mail where the Customer has provided prior written consent to the Initiator
  
- a) 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:-

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- 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.
- c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of the Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

## 3. The Customer acknowledges that:-

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- a) This authority will remain in full force and effect in respect of all Direct Debits passed to 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 lies 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:
  - the accuracy of information about Direct Debits on Bank statements
  - 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:-

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- a) In it's absolute discretion conclusively determine the order of priority 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.
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### Specific conditions relating to notices and disputes

- 1) I agree that the initiator must give me at least 10 days' notice prior to each direct debit, provided that where the direct debit is in a series, the Initiator is only required to provide 10 days' notice prior to the first direct debit in the series.
- 2) Changes to the amounts or dates of a series of direct debits require 30 days' prior notice to me.
- 3) I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
- 4) All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.
- 5) I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
  - I didn't receive proper notice of the amount and date of the direct debit, or
  - I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
- 6) If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

Please complete the **Direct Debit Authority** form.

### Clarification on what is required for each field is as follows:

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**NAME OF ACCOUNT:** This is the name your Bank has given your account. It is the name printed on your cheques and pre-printed deposit forms. The name of your account, and the name of the Bank account must be the same. This is to ensure that the person/entity opening and operating the Kiwi VoIP account is the same person who will be paying for the Kiwi VoIP transactions.

**CUSTOMER ACCOUNT NUMBER:** This is the account number of your bank account.

**TO THE MANAGER:** This is the bank and branch details of your bank account. The name of the Bank and Branch, and the city it resides in is all that is required. Please do not send your Direct Debit Authority form to your bank, send the form to Kiwi VoIP – details are below.

**INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT:** This is the reference that will appear on your bank statement. The 'Payer Reference' field will contain a unique payment reference number. We are unable to accommodate any variation to the wording provided on the Direct Debit Authority form.

**NAME OF ACCOUNT – CUSTOMER TO COMPLETE:** Complete the name of the account as per 'NAME OF ACCOUNT' above, and have the authorised signatories of the account sign inside this box.

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### Once you have completed and signed the Direct Debit authority form, return the original copy to:

**Kiwi VoIP**  
3/14 Airborne Road  
Rosedale  
Auckland

Alternatively you can email your completed form to [accounts@kiwivoip.co.nz](mailto:accounts@kiwivoip.co.nz)

Any further assistance can be obtained by calling us on 093778647

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