



Direct Debit Authority

Name of my account to be debited (acceptor) <input type="text"/>				Initiator's Authorisation Code <table border="1"><tr><td>0</td><td>6</td><td>5</td><td>4</td><td>5</td><td>8</td><td>9</td></tr></table>				0	6	5	4	5	8	9										
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Name of my bank: <input type="text"/>																								
<table border="1"><tr><td>0</td><td>0</td></tr></table> Bank	0	0	<table border="1"><tr><td>0</td><td>0</td><td>0</td><td>0</td></tr></table> Branch	0	0	0	0	<table border="1"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table> Account	0	0	0	0	0	0	0	<table border="1"><tr><td>0</td><td>0</td></tr></table> Suffix	0	0	Approved <table border="1"><tr><td>5458</td><td>02/17</td></tr></table>				5458	02/17
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From the acceptor to *[insert name of acceptor's bank]* (my bank):

I authorise you to debit my account with the amounts of direct debits from **THE ISLAND WHOLESALER 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.

Please include the following information on my bank statement:

Authorised signature/s: _____	Date: ____ / ____ / ____
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Specific conditions relating to notices and disputes

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 notice of the amount and date of each direct debit from the initiator, or
- I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give you a written notice of the amount and date of each direct debit no less than 2 business days before the date of the debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

Please note: We require the original copy of this direct debit form.

Please return the completed form to Gulf Foods by either:
Posting it to PO Box 402 Surfdale, Waiheke Island
Dropping it into our office at 8 Beatty Parade
or call us on 09-372-5547 and we will organize collecting it from you.