

Direct Debit Authority

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name of my account to be debited (acceptor) |  |  |  | Initiator’s Authorisation Code |  |
|  |   |  |  |  | **0** | **6** | **5** | **4** | **5** | **8** | **9** |  |
|  | Name of my bank: |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Approved |  |
|  | 0 | 0 |  | 0 | 0 | 0 | 0 |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  | 0 | 0 |  |  |  | **5458** | **02/17** |  |
|  | Bank |  | Branch |  | Account |  | Suffix |  |  |  |  |  |

**From the acceptor to** [insert name of acceptor’s bank] **(my bank):**

I authorize you to debit my account with the amounts of direct debits from ***THE ISLAND WHOLESALER LIMITED***with the authorization 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: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Authorized signature/s: |  |  |  | Date: |  |
|  |  |  |  |  | / / |  |
|  |  |  |  |  |  |  |

**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 dishonors a direct debit but the initiator sends the direct debit again within 5 business days of the dishonor, 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 19 Tahi Road, Ostend
or call us on 09-372-5547 and we will organize collecting it from you.