

**DIRECT DEBIT / CREDIT CARD AUTHORITY FORMS**

**Your Wairarapa Times-Age subscriber details**

Name  (Mr. / Mrs. / Miss / Ms.)

Street address

Subscriber number (if known)

Daytime telephone number

**SECTION 1 – DIRECT DEBIT AUTHORITY (only complete this section if you wish to pay by direct debit)**

**Details of the Bank Account you nominate to be debited**

Account holder's name

Bank Name  Bank Branch

Account

Branch Address

**AUTHORITY TO ACCEPT DIRECT DEBITS**  
(Not to operate as an assignment or an agreement)

**AUTHORITY CODE**

0	2	2	9	0	4	6
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Date

Payer particulars  T I M E S - A G E

Payer code

Payer reference (subscriber number)

Signed

Signed

Authorised by holder(s) of the above nominated bank account.

For Bank use only: Original - retain at branch Copy - forward to initiator

<table border="1" style="width: 100%;"> <tr><td style="text-align: center;">Approved 1224</td></tr> <tr><td style="text-align: center;">04      2006</td></tr> </table>	Approved 1224	04      2006	Date received: <input type="text"/>	Received by: <input type="text"/>	Checked by: <input type="text"/>	Bank Stamp <input type="text"/>
Approved 1224						
04      2006						

**SECTION 2 – RECURRING CREDIT CARD AUTHORITY (only complete this section if you wish to pay by credit card)**

**Credit card payment details**

Credit Card  Visa  Mastercard

Card number

Expiry date

Card holder's name

Signed

**AUTHORISATION - DIRECT DEBIT / CREDIT CARD DEBIT**

I/We (hereinafter referred to as the Customer) authorise you (hereinafter referred to as the Initiator), until further notice in writing, to debit my account or credit card as detailed above.

I/We authorise the Wairarapa Times-Age to deduct on my behalf on the 15<sup>th</sup> of the month monies owing that reflects my monthly invoice/statement.

Complete the form overleaf and return by either:

- ✉ **Post:** Circulation, Wairarapa Times-Age, PO Box 445, Masterton, 5840
- @ **Email:** Scan and email direct debit authority to [circulation@age.co.nz](mailto:circulation@age.co.nz). Please do not scan or email credit card details.

#### **CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS**

##### **1 The Initiator:**

- (a) Has agreed to give advance Notice of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days (but not more than 2 calendar months) before the date when the Direct Debit will be initiated. This notice will be provide in writing (including by electronic means and SMS where the Customer has provided prior written consent to communicate electronically).

The advance notice will include the following message:-

"Unless advice to the contrary is received from you is received by (date\*), the amount of \$..... will be directly debited to your Bank account on (initiating date)."

\*This date will be at least two (2) days prior to the initiating date to allow for amendment of Direct Debits.

- (b) 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:-**

- (a) At any time, terminate this Authority as to future payments by giving notice of termination to the Bank and to the Initiator by the means agreed by the customer, Bank and 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.

##### **3 The Customer acknowledges that:-**

- (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 recovation 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 dispute 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; and
  - 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 notice in accordance with 1(a) 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:-**

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly signed by me/us and given to or drawn on the Bank.
- (b) Any any time terminate this authority as to future payments by notice in writing to me/us.
- (c) Charge it's current fees for this service in force from time-to-time.

#### **CONDITIONS OF THIS AUTHORITY TO ACCEPT PAYMENTS BY CREDIT CARD**

##### **1 The Initiator:**

- (a) Has agreed to give advance Notice of the net amount of each Credit Card payment and the due date of the debiting at least 10 calendar days (but not more than 2 calendar months) before the date when the Credit Card payment will be initiated. This notice will be provide in writing (including by electronic means and SMS where the Customer has provided prior written consent to communicate electronically).

The advance notice will include the following message:-

"Unless advice to the contrary is received from you is received by (date\*), the amount of \$..... will be debited to your nominated credit card account on (initiating date)."

\*This date will be at least two (2) days prior to the initiating date to allow for amendment of Credit Card debits.