

## Authority to Accept Direct Debits

Name of bank account to be direct debited	Authorisation Code
	0 3 4 0 0 9 7
Bank	
	APPROVED
Bank account number	4009
	09 2021
BANK BRANCH ACCOUNT NUMBER SUFFIX	
From the acceptor to my/our bank:	Authorised Signature
I/We authorise you debit my/our account with the amounts of direct debit from Go Cover Car Insurance with the Authorisation	
Code specified on this authority in accordance with this authority until further notice.	Authorised Signature
I/We 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.	I acknowledge the bank account number I have
Date	entered above is correct.
DAY MONTH YEAR	

## Specific conditions relating to notices and disputes:

The Initiator is required to give you written notice of the amount and date of each direct debit no less than 10 calendar days before the date of the debit.

For customer-initiated payments the initiator may only send a direct debit if you have:

- Asked the initiator to send it, and
- Agreed the amount of the direct debit.

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

You may ask your bank to reverse a direct debit up to 120 calendar days after the debit if:

- You do not receive a written notice of the amount and date of each direct debit from the initiator, or
- You receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

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.

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