# SIL Employer Scheme Direct Debit Form



As an alternative to a direct debit, you can set up an automatic payment for any amount and frequency in ANZ Internet Banking. With automatic payments, there's no need for forms and you can make changes to your payments at any time.

The fastest way to provide us your form and supporting documents is to email them to registry@anzinvestments.co.nz. Alternatively you can post them to ANZ Investments, Freepost 324, PO Box 7149, Victoria Street West, Auckland 1142 or drop them into an ANZ branch.

### **1. Your information**

First name(s)			AUTHORITY						
Surname			(Not to one						
Investor number		(Not to operate as an assignment or agreement) AUTHORISATION CODE (user number)							
2. What would you like to do? (tick one)			0 1 0 8						
I want to set up a direct debit				4 4 5					
I want to change the details of an existing direct debit									
I want to cancel my existing direct debit									
<ul> <li><b>3. Are you the bank account holder?</b></li> <li>Yes (please complete sections 4, 5 and 6)</li> <li>No (please complete section 6 and get the bank account holder to complete section 6 and get the bank account holder 6 and get the bank acco</li></ul>	olete sections 4, 5 and 7)								
4. Contribution details									
Contribution amount \$ Start date	M M <b>2 0</b> Y	Y							
Frequency (tick one): fortnightly monthly annually									
5. Bank instructions and details of the bank account holder									
Name of bank account holder:	Bank Branch	Account num	ber	Suffix					
If the bank account holder is not the member, please confirm									
his/her/their relationship with the member:	Bank and branch (hereinafter referred to as the "Bank"):								
To my/our Bank Manager: I/We authorise you to debit this account with the a (the initiator) with the authorisation code specified on this authority in accord				ents Limited					
l agree that this authority is subject to:									
The basely's terms and conditions that relate to this approvations									

- The bank's terms and conditions that relate to this account, and
- The specific terms and conditions listed over the page.

# Information to appear on my/our bank statement



## 6. How long will it take

Once we've received your form, we aim to setup your direct debit within 10 business days.

We must receive any changes to your existing direct debit details at least 5 business days before the next debit is due.

# SIL Employer Scheme

### 7. Your agreement

You agree and acknowledge that any correspondence relating to this direct debit will be sent to you.

If applicable, I have personally affixed my digital signature to this document.

Signature



#### 8. Agreement by the bank account holder (if not the member)

The bank account holder consents to any correspondence relating to this direct debit being sent to the member.

If applicable, I have personally affixed my digital signature to this document.

Signature

Date	D	D	М	М	2	0	Y	Y
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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 a written notice of the amount and date of each direct debit in a series of direct debits no less than 2 calendar days before the date of the first direct debit in the series. The notice is to include:

- The dates of the debits, and
- The amount of each direct 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.

If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice:

• No less than 10 calendar days before the change.

BANK USE ONLY								
Approved		Date Received		Recorded By		Checked By		Bank Stamp
0844 08/24								
Original – Retain at Branch. Copy – Forward to Initiator if requested.								