

# Payment Instructions

(This form is for persons who are self-employed, or not employed, and wish to contribute on a regular basis. It is also for employees wanting to make regular payments in addition to those deducted from salary or wages by their employer.)

## Customer Instructions

Title	First names	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Postal address		Postcode
<input type="text"/>		<input type="text"/>
Daytime Phone No.	IRD No.	BCF KiwiSaver Member No. (if existing member)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Start date	Amount	
<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
		<input type="checkbox"/> Annual

Note: Weekly and Fortnightly debits will be made on Thursday, and Monthly and Annual debits will be made on the 20<sup>th</sup> of the month.

☐ I have received, read and retained a copy of the attached Product Disclosure Statement and agree to be bound by the terms and conditions set out in the Product Disclosure Statement (and of the Trust Deed).

## Direct Debit Authority

Name of account to be debited

Account number details

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account number						Suffix			

Bank/Branch

Address (PO Box)

Town/City

## Information to appear in my bank statement

Payer particulars

B	C	F		K	I	W	I	S	A	V	E	R
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AUTHORITY TO ACCEPT DIRECT DEBITS							
Initiator's Authorisation Code							
0	1	2	2	6	6	9	
Approved							
2266						01/16	

## Customer Authorisation

I authorise you to debit my account with the amounts of direct debits from BCF KIWISAVER SCHEME 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.

Authorised 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 a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 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 30 calendar days before the change, or
- if the initiator's bank agrees, no less than 10 calendar days before the change.