

Fill in the required details clearly in BLOCK CAPITALS and make sure that you have given us your signature and contact details. Then simply send to:
info@southerncrosspet.co.nz

We will automatically adjust the deduction amount when changes happen to your policy and notify you in advance of the deduction date.
You don't have to fill in another form.

This information is being collected by Southern Cross Pet Insurance Limited for administration purposes, including billing. You have the right of access to, and to request correction of, any personal information held by us.

If you need any further information just call us on **0800 800 836** and one of our team will help you.

A. YOUR DETAILS

Policy number

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Full name _____ Daytime phone no _____

Email _____ Pet name _____

B. DIRECT DEBIT AUTHORITY

Bank account holder(s) _____

1	2	1	2	0	8	6
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INITIATOR'S AUTHORISATION CODE

I am authorised to operate my/our bank account on my own Yes ☐ No ☐

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BANK/BRANCH NUMBER

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ACCOUNT NUMBER

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SUFFIX

From the Bank Account holder(s) to _____ (my bank name)

Please choose one of the following deduction frequencies.

☐ Monthly

☐ Quarterly

☐ 6 Monthly

☐ Annually

If you have other pets insured with us, do you want this change to apply to all of the other pets? ☐ Yes ☐ No

We will apply the changes to your direct debit from the next available due date, if this is less than 5 working days it may defer to the next due date. If your premium is currently overdue, we will provide you with written notice with the amount and date prior to deducting any payments.

I authorise you to debit my account with the amounts of direct debits from **Southern Cross Pet Insurance Limited** 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

TICK HERE

Authorised signature of Bank Account holder

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Date ____/____/____

I agree that electronic signatures shall be deemed original signatures for the purposes of this application and agree to not contest the admissibility or enforceability of the electronically signed copy of this application.

**CONTINUES OVERLEAF.
PLEASE TURN PAGE
OVER TO READ.**

FOR BANK USE ONLY

APPROVED

1208 02/12

DATE RECEIVED

RECORDED BY

CHECKED BY

BANK STAMP

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.

I may ask my bank to reverse a direct debit up to 9 months after the date the initiator sent the first direct debit under the authority if I am not reasonably

satisfied that the authority authorised my bank to debit my account with 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 10 calendar days before the date of the debit. If the bank dishonours a direct debit but the initiator sends the direct debit a second time within 5 business days of the original direct debit, the initiator is not required to notify you a second time of the amount and date of the direct debit.