

Sample

ICONZ

Name of account to be debited: **Bank Account Name**

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

Account details:

1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6
Bank						Account number						Suffix			

To the Manager: please print full postal address clearly

Bank	Your Bank Name
Branch	Bank Branch Name
Address	Bank Address

AUTHORISATION CODE
0 2 2 9 3 9 5

Date: **Today's date**

I/We authorise you until further notice in writing to debit my/our account with you with all amounts which

Internet Company of New Zealand Limited
(hereinafter referred to as the Initiator)

the registered initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on this form.

Information to appear in my/our bank statement:

Enter Customer / Account number as per invoice

Payer Particulars	Payer Code	Payer Reference
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Account
Bank Account Name

Authorised Signature(s)

Sign Form, if more than one signatory both must sign

Approved _____ _____	For Bank Use Only	Date Received:	Recorded by:	Checked by:	BANK STAMP
		Original – Retain at Branch Copy – Forward to Initiator if requested			

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

Return signed form to accounts@planb.co.nz