



# DIRECT DEBIT AUTHORITY

Please complete this form and mail it in an envelope to: **FREEPOST FARM SOURCE, PO BOX 9045, HAMILTON 3240.** If you have any queries please phone **0800 731 266.** This form authorises Farm Source to direct debit from my bank account the balance of my Farm Source Account.

Bank Account name	<b>AUTHORITY TO ACCEPT DIRECT DEBITS</b> (Not to operate as an assignment or agreement)
Bank/Branch	
Town/City	
Account No.	
<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"/> <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	

## MY FARM SOURCE ACCOUNT DETAILS

Account name	<b>AUTHORISATION CODE</b> <table border="1" style="margin: auto;"><tr><td>0</td><td>3</td><td>1</td><td>0</td><td>3</td><td>6</td><td>1</td></tr></table>	0	3	1	0	3	6	1
0		3	1	0	3	6	1	
Account No. <input type="text"/>								

## INFORMATION AND AUTHORISATION

Information to appear on my/our bank statement: Your bank statement will automatically show your name and Farm Source Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>
Payer particular	Payer code	Payer reference

Authorisation: I/We authorise you, until further notice in writing, to debit my/our account with you all amounts which Farm Source 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 in the Term and Conditions attached.

Authorised signature:	Date:
Authorised signature:	Date:

Please note that only cheque accounts and certain types of savings accounts are available for direct debit. If you are unsure about your account, **please check with your bank.**

Farm Source will need to receive your application for direct debit at least two days before the end of the month for your automatic payment to be activated on the 20th of the following month. If not, it will commence a month later, and a final manual payment will need to be made.

## FOR BANK USE ONLY

Approved:  <div style="border: 1px solid black; width: 100px; height: 100px; margin: auto; display: flex; align-items: center; justify-content: center;">             1036  <hr style="width: 50%; margin: 5px 0;"/>             10/2020         </div>	Date received	Recorded by	Checked by	Bank stamp
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## FARM SOURCE DIRECT DEBIT AUTHORITY CONDITIONS

- 1. The Initiator: (RD1 Limited trading as Farm Source)**
  - a. Has agreed to give advance notice of the net amount of each Direct Debit and the due date of debiting at least 10 calendar days (but not more than 2 calendar months) before the date the Direct Debit will be initiated. This notice will be provided in writing (including by electronic means and SMS where the Customer has provided prior to written consent (including by electronic means and SMS) to communicate electronically). The advance notice will include the following message: "Unless advice to the contrary is received from you by (\*date) the amount of \$                      will be directly debited to your Bank account on (initiating date)." \*This date will be at least two (2) days prior to the initiating date to allow for the amendment of Direct Debits.
  - b. May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
  - c. May, upon receiving written notice (dated after the date of this Authority) from a bank to which I/we have transferred my/our account, initiate Direct Debits in reliance of that written notice and this Authority from the account identified in the written notice.
- 2. The Customer may:**
  - a. At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
  - b. Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
- 3. The Customer acknowledges that:**
  - a. This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.
  - b. In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
  - c. Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other disputes lie between me/us and the Initiator.
    - Where the Bank has used reasonable care and skill in acting in accordance with this Authority, the Bank accepts no responsibility or liability in respect of – The accuracy of information about payments on Bank Statements; and - Any variations between notices given by the Initiator and the amounts of Direct Debits.
- 4. The Bank may:**
  - a. In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly signed by me/us and given to or drawn on the Bank.
  - b. At any time terminate this authority as to future payments by notice in writing to me/us.
  - c. Charge its current fees for this service in force from time- to-time.