

# Direct Debit/Credit Card Authority

## How to fill in this authority

1. If you would like to pay your premium by Direct Debit from your bank account please complete section 1.
2. If you would like to pay your insurance premium by credit card please complete section 2.
3. Please state your preferred method of communication in section 3.

**Print, complete and sign this form. Return to us by:** **Email** admin@asteronlife.co.nz,  
**Post** Asteron Life, PO Box 894, Wellington 6140, Freepost 795

## 1. Direct debit authority

### Payer's details (Please use BLOCK LETTERS)

Title	<input type="text"/>	Surname	<input type="text"/>	Given name(s)	<input type="text"/>
Phone no.	Home ( <input type="text"/> )	Work ( <input type="text"/> )	Mobile ( <input type="text"/> )		
Policy number(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>		

### Authority to accept Direct Debits

Name of account holder

Name of my bank

<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				

Authorisation code

Approved

0040	
10	2017

### From the acceptor (you) to your bank:

I authorise you to debit my account with the amounts of direct debits from Asteron Life 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.

Authorised signature

Sign here

Date

### Specific direct debit conditions relating to notices and disputes

Asteron Life is required to give written confirmation of the amount and date of each direct debit in a series of direct debits no later than the date of the first direct debit. The confirmation is to include:

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

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 confirmation of the amount and date of each direct debit from Asteron Life, 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.

If I'm not reasonably satisfied that the authority authorised my bank to debit my account with the amount of the direct debit, I may ask my bank to reverse a direct debit up to 9 months after the date Asteron Life sent the first direct debit under the authority.

If the bank dishonours a direct debit but Asteron Life sends the direct debit again within 5 business days of the dishonour, Asteron Life is not required to give notice of the amount and date of the second direct debit.

If Asteron Life proposes to change an amount or date of a direct debit specified in the confirmation, they are required to give notice:

- no less than 30 calendar days before the change, or
- if Asteron Life's bank agrees, no less than 10 calendar days before the change.

I understand I can contact Asteron Life at any time and cancel or change this payment authority.

## 2. Credit card authority

I authorise Asteron Life Limited to charge my credit card for all premiums for my policy until further notice.

Please tick one

Visa  MasterCard

Policy number(s)

Card holder's name

Card number

Expiry date

Card holder's signature

[Sign here](#)

## 3. Preferred method of communication

My preferred method of communication:

Please tick one

Email  Phone  Letter  Fax

Contact details for communications

**Asteron Life**

Level 13 Asteron Centre, 55 Featherston Street, PO Box 894, Wellington 6140, NZ

Ph: **0800 737 101** (Contact Centre hours: Mon–Fri 8am–6pm)

Fax: 0800 246 067 Email: [contactus@asteronlife.co.nz](mailto:contactus@asteronlife.co.nz) Web: [asteronlife.co.nz](http://asteronlife.co.nz)

Issuer: Asteron Life Limited