

To change your Nominated Account please complete this form and forward with your new Direct Debit Authority and confirmation of your current and new nominated account details to:

Freeport RaboDirect
 PO Box 38567
 Lower Hutt 5045
 Wellington

Your RaboDirect Customer Number

RaboDirect Account Number

Bank	Branch Number	Account Number	Suffix
0 3	1 7 9	<input type="text"/>	0 0

CUSTOMER 1

First Name

Middle Names

Last Name

CUSTOMER 2 (Joint Account Only)

First Name

Middle Names

Last Name

EXISTING NOMINATED ACCOUNT DETAILS:

Account Name

Account Number

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

Name of Bank

Branch

Town/City

Please attach confirmation* of this account number

NEW NOMINATED ACCOUNT DETAILS:

Account Name

Account Number

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

Name of Bank

Branch

Town/City

Your new nominated account must be in the same name as your RaboDirect Master Savings Account

Please attach confirmation* of this account number

YOUR SIGNATURE(S):

Customer 1

Date: / /

Customer 2

Date: / /

- Checklist of attachments**
- Signed 'Request To Change Nominated Account' form
 - Completed and signed Direct Debit Authority
 - Confirmation of old and new Nominated Bank Account details

*Confirmation of the old and new nominated accounts can be in the form of a copy of recent bank statements (within six months) or an encoded bank deposit slip or an online banking printout that shows your name and the account number.



Rabobank

Rabobank New Zealand Limited

Direct Debit Authority

This form is required to be completed, signed and returned to Rabobank along with your application form, to enable the opening balance transfer of funds from your Nominated Account to your Savings Account, and/or any other transfers from your Nominated Account as requested by you.

Nominated Account Details: This account must have the same Account Name (and postal address) as your Savings Account.

Account Name

Account Number

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

Name of Bank

Branch

Town/City

Authority to Accept Direct Debits
(Not to operate as an assignment or agreement)

Authorisation Code

0	3	1	3	4	0	7
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I/We authorise you until further notice, to debit my/our account with all amounts which **Rabobank New Zealand Limited** (herein after 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 below.

Information to appear on my/our bank statement:

Payer Particulars										Payer Code					Payer Reference														
<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"/>	F	o	r	B	a	n	k	U	s	e	<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"/>

Your Signature(s):

<input type="text"/>	<input type="text"/>
Date: / /	Date: / /

Approved
1340
12 05

For bank use only

Original- retain at branch

Date received / /

Recorded by

Checked by

Bank Stamp

Conditions of this Authority to Accept Direct Debits

- The Initiator:**
 - Will not initiate a direct debit on my/our account unless authorisation is received from me/us in accordance with the terms and conditions agreed between me/us and the Initiator of each amount to be debited from my/our account.
 - Has agreed to send notice of the net amount of each Direct Debit and the due date of debiting after receiving authorisation from me/us under clause 1(a) but no later than the date the Direct Debit will be initiated. This notice must be provided either:
 - in writing; or
 - by electronic mail where the Customer has provided prior written consent to the Initiator
 The notice will include the following message: - "The amount \$....., was direct debited to your Bank account on (initiating date)."
 - 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.
- The Customer** may: -
 - At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
 - 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.
 - Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of the Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.
- The Customer** acknowledges that: -
 - 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.
 - 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.
 - 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 Direct Debits on Bank statements
 - any variations between notices given by the Initiator and the amounts of Direct Debits
 - The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- The Bank** may: -
 - 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 executed by me/us and given to or drawn on the Bank.
 - At any time terminate this authority as to future payments by notice in writing to me/us.
 - Charge its current fees for this service in force from time-to-time.