

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 contactus@asteronlife.co.nz,

Post Asteron Life, PO Box 894, Wellington 6140, Freepost 795

Direct debit authority

Payer's details (Please use BLOCK LETTERS)				
Title Surname	Given name(s)			
Phone no. Home Work	Mobile	Mobile		
Policy number(s)				
Authority to accept Direct Debits	Authorisation code			
Name of account holder	0 1 0 0 4 0 9			
	Approved			
Name of my bank	0040			
	10 2017			
BANK BRANCH ACCOUNT NUMBER SUFFIX				

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.

I authorise Asteron Life Limited to charge my credit card for all premiums for my policy until further notice. Visa MasterCard Please tick one Policy number(s) Card holder's name Card number Expiry date Sign here Card holder's signature Preferred method of communication My preferred method of communication: Please tick one Phone Letter Fax Contact details for communications

2. Credit card authority