



Direct Debit Authority
NZTA Toll Road

TOLL ACCOUNT NO: _____

TOLL CUSTOMER NAME: _____

IMPORTANT!
PLEASE ENCLOSE BANK DEPOSIT SLIP FOR ACCOUNT VERIFICATION AND RETURN TO THE NZ TRANSPORT AGENCY WITH YOUR COMPLETED DIRECT DEBIT AUTHORITY FORM

ACCOUNT INFORMATION

Name of Account

Customer (Acceptor) to complete bank/branch number and account number and suffix of account to be debited.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Suffix

AUTHORITY TO ACCEPT DIRECT DEBITS

(not to operate as an assignment or agreement)

Authorisation Code

0	3	1	7	1	9	9
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(User Number)

TO: The Manager

Bank Name

Address (PO Box)

Town/City

Date

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

NEW ZEALAND TRANSPORT AGENCY

(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 the reverse of this form.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Payer Particulars

N	Z		T	R	A	N	S	P	O	R	T
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Payer Code

A	G	E	N	C	Y												
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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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of Account (Customer to complete)

Authorised Signatures

SIGNATURE

SIGNATURE

APPROVED

1719
01 | 11

FOR BANK USE ONLY

Date Received	Recorded By	Checked By
<input type="text"/>	<input type="text"/>	<input type="text"/>

Original - Retain at Branch
Copy - Forward to Initiator if requested

BANK
STAMP



CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1 **The Initiator:**

a) Has agreed to send notice of the net amount of each Direct Debit no later than the day the Direct Debit initiated. This notice will be provided either:

- i) in writing; or
- ii) 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)."

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.

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.
- c) 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 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

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 dispute lies between me/us and the Initiator.
- d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility 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
- e) 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.

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 executed 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.





Direct Debit Authority
NZTA Toll Road

IMPORTANT INSTRUCTIONS FOR DIRECT DEBIT CUSTOMERS

Please complete the Direct Debit Authority form. Clarification on what is required for each field is as follows:

NAME OF ACCOUNT: This is the name your Bank has given your account. It is the name printed on your cheques and pre-printed deposit forms. The name of the Tolling account, and the name of the Bank account must be the same. This is to ensure that the person/entity opening and operating the Tolling account is the same person who will be paying for the Tolling transactions.

CUSTOMER ACCOUNT NUMBER: This is the account number of your bank account.

TO THE MANAGER: This is the bank and branch details of your bank account. The name of the Bank and Branch, and the city it resides in is all that is required. Please do not send your Direct Debit Authority form to your bank, send the form to the NZ Transport Agency - details are below.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT: This is the reference that will appear on your bank statement. The 'Payer Reference' field will contain a unique payment reference number. We are unable to accommodate any variation to the wording provided on the Direct Debit Authority form.

NAME OF ACCOUNT - CUSTOMER TO COMPLETE: Complete the name of the account as per 'NAME OF ACCOUNT' above, and have the authorised signatories of the account sign inside this box.

Once you have completed and signed the Direct Debit authority form, return the original copy to:

NZ Transport Agency
Private Bag 11777
Palmerston North 4442

Any further assistance can be obtained from either visiting the Toll Road Website www.tollroad.govt.nz, or by calling our contact centre on 0800 40 20 20.



NZ TRANSPORT AGENCY
WAKA KOTAHI

newzealand.govt.nz