

# Direct Debit Authority

Compass Communications, PO BOX 2533, Auckland 1140



## Details of account to be debited

Customer Name
Compass Account Number
Contact Phone Number
Bank Account 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"/> <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 Number Account Number Suffix
Bank Account Holder's name

**AUTHORITY TO ACCEPT DIRECT DEBITS**  
(Not to operate as an assignment or agreement)

**AUTHORISATION CODE**  
**0639174**

**DATE**  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Bank Name
Bank Branch
Branch Address Street _____ PO Box _____ Town/City _____
Information to appear on my/our bank statement
<b>COMPASS</b> <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"/>
Payer Particulars Payer Code

Authorisation  
I/We authorise you, until further notice in writing, to debit my/our account with all amounts which Compass Communications Limited, (hereinafter referred to as the "Initiator"), the registered initiator of Authorisation Code 0639174 may initiate by Direct Debit. I/We acknowledge and accept that the Bank accepts this Authority only upon the conditions listed below.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Authorised Signature(s) for the above nominated bank account \_\_\_\_\_

### CONDITIONS OF THIS AUTHORITY TO DIRECT DEBITS

- The Initiator:
  - Has agreed to give advance notice of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days before (but not more than 2 calendar months) the date when the Direct Debit will be 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 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 amendment of Direct Debits.
  - 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.
  - May, upon receiving an "authority transfer form" (dated after the date of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that transfer form and this Authority from the account identified in the authority transfer form.
- 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
- 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 lies 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 Initiators failure to give notice in accordance with 1(a) 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
  - Upon receipt of an "authority to transfer form" signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debits.

Approved  
3917  
02/2014

**FOR BANK USE ONLY**  
Original - Retain at Branch  
Copy - to Initiator if requested

Date Received:	Recorded By:	Checked By:
_____	_____	_____

BANK STAMP

## Details of Compass account

Customer Name
Compass Account Number
Contact Phone Number

## Credit card payment details

Credit card type	<input type="radio"/> Visa	<input type="radio"/> MasterCard	<input type="radio"/> American Express		
Credit card number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Expiry date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Cardholder's name					
Cardholder's signature					

### Authorisation

I/We authorise you, until further notice in writing, to charge my/our nominated credit card account (hereinafter referred to as "Credit Card Account") with all amounts Compass Communications Limited, (hereinafter referred to as the "Initiator") may charge the Credit Card Account.

I/we understand that, on receipt of this Credit Card Payment Authorisation, Compass will charge the Credit Card Account \$25 for residential accounts or \$100 for business accounts and will credit my/our Compass account with this amount. I/we understand that if the Credit Card Account is unable to be charged, I/we are obliged to arrange an alternative payment method.

I/We acknowledge and accept that the Initiator accepts this Authority only upon the conditions below.

### CONDITIONS OF THIS AUTHORITY TO ACCEPT PAYMENTS BY CREDIT CARD

1. The Initiator has agreed to give written advance notice to the Customer of the net amount(s) to be charged to the Credit Card Account and the due date of the charge to the Credit Card Account at least 10 calendar days (but not more than 2 calendar months) before the date when the charge to the Credit Card Account will be initiated. The advance notice will include a schedule of the date(s) and amount(s) to be charged to the Credit Card Account, together with the following message:

"The schedule below sets out the payment(s) that will be charged to your nominated credit card account on the due date(s) specified, UNLESS YOU INSTRUCT US OTHERWISE BY THE CANCELLATION DATE(S) also specified below."

The cancellation date will be at least two days prior to the due date to allow for amendment of amount(s) to be charged to the Credit Card Account.

2. The Customer may, at any time, terminate this Authority as to future payments by giving written notice of termination to the Initiator.

3. The Customer acknowledges that:

(a) This Authority will remain in full force and effect in respect of all amounts to be charged to my/our Credit Card 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 Initiator.

(b) In any event, this Authority is subject to any arrangement now or hereafter existing between me/us and the issuer of my/our nominated credit card in relation to my/our Credit Card Account

Date	Recorded	Checked
Received:	By:	By:
_____	_____	_____