

DIRECT DEBIT AUTHORITY



Please complete and return to Cigna Life Insurance New Zealand Limited,
Private Bag 92131, Victoria Street West, Auckland 1142.

Bank Instructions

Name of account

Bank account from which payments are made
(Please attach an encoded deposit slip to ensure your number is loaded correctly)

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

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Bank

Branch

Account number

Suffix

Authorisation code

0	1	0	8	7	0	4
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To: The Bank Manager

Bank

Branch

Town/City

I/We authorise you until further notice, to debit my/our account with all amounts which Cigna Life Insurance New Zealand Limited (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.

Policy details

Name of policy owner(s)

Policy number(s) for which this authority applies

Payment frequency

Use existing payment date and frequency

OR

Preferred date of first payment

Weekly

Fortnightly

Monthly

Half-yearly

Annually

Information to appear on my/our bank statement:

Signature

DD / MM / YYYY

Conditions of this authority

1. I agree that the Initiator must give me at least 10 days' prior notice of each direct debit, including the first direct debit in a series.
2. Changes to the amounts or dates of a series of direct debits require 10 days' prior notice to me.
3. I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
4. All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.
5. I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
 - I didn't receive proper notice of the amount and date of the direct debit, or
 - I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
6. If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

PLEASE ATTACH DEPOSIT SLIP

Approved		For Bank use only Original - retain at branch			Bank Stamp
0870	10/19	Date received:	Checked by:	Recorded by:	

