

CARTWRIGHT GROUP

brokers and consultants

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Email: sales@cartwrights.co.nz
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NAME OF ACCOUNT:

AUTHORITY TO ACCEPT DIRECT DEBITS

(Not to operate as an assignment or agreement)

CUSTOMER (Acceptor) TO COMPLETE BANK/BRANCH NUMBER & ACCOUNT NUMBER & SUFFIX OF ACCOUNT TO BE DEBITED.

												-			
Bank	Branch Number					Account Number						Suffix			

Authorisation Code

0	3	1	1	6	5	8
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(User Number)

TO: The Manager, (Please Print Full Postal Address Clearly for Window envelope)

BANK BRANCH	
ADDRESS (PO BOX)	
TOWN/CITY	

DATE: _____

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

CARTWRIGHT AND ASSOCIATES FINANCE LTD

(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 (TO BE COMPLETED BY INITIATOR).

Payer Particulars	Payer Code	Payer Reference
CARTWRIGHT	INSURANCE	

NAME OF ACCOUNT – CUSTOMER TO COMPLETE

AUTHORISED SIGNATURE(S)

<p>APPROVED</p> <p>1165</p> <p>08 04</p>	<p>FOR BANK USE ONLY:</p> <table border="1"> <tr> <td>Date Received:</td> <td>Recorded By:</td> <td>Checked By:</td> </tr> </table>		Date Received:	Recorded By:	Checked By:	<p>BANK STAMP</p>
	Date Received:	Recorded By:	Checked By:			
<p>Original Copy</p>	<p>-Retain at Branch -Forward to initiator if requested</p>					