



DIRECT DEBIT AUTHORITY

BANK INSTRUCTIONS

NAME:
(Of Bank Account)

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

BANK ACCOUNT FROM WHICH PAYMENTS TO BE MADE:

AUTHORISATION CODE

Bank	Branch	Account Number	Suffix
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0 2 1 0 4 2 3

(Please attach an encoded deposit slip to ensure your number is loaded correctly)

To: The Bank Manager

BANK: _____

BRANCH: _____

TOWN/CITY: _____

I/We authorise you until further notice, to debit my/our account with all amounts
which ING Life (NZ) 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.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT:

PAYER PARTICULARS	PAYER CODE	PAYER REFERENCE
I N G L I F E		

YOUR SIGNATURE(S) _____

DATE / / _____

Approved

1042

01

04

For Bank use only

Original-retain at branch

Date received:

Recorded by:

Checked by:

Bank
Stamp