



## Direct Debit Authority

Name of my account to be debited (acceptor)

Name of my bank

Bank Branch Account Suffix

Initiator's Authorisation Code  

0	3	3	7	1	2	4
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Approved  

3712	08/20
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From the acceptor to (Insert name of acceptor's bank) (my bank):

I authorise you to debit my account with the amounts of direct debits for Star Underwriting Agents Ltd with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below.

Please include the following on my bank statement.

**MONTHLY INSURANCE**

Authorised signature/s: \_\_\_\_\_ Date: \_\_\_\_\_

### Specific conditions relating to notices and disputes

You may ask my bank to reverse a direct debit up to 120 calendar days after the debit is:

- You don't receive a written notice of the amount and date of each direct debit from the initiator, or
- You receive a written notice but the amount of the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series. ~ For weekly or fortnightly direct debits, the initiator is required to give you a written notice of the amount and date of each direct debit no less than 2 business days before the date of the debit. ~ For direct debits with notice no later than the date of the debit, the initiator may only send a direct debit if you have asked the initiator to send it and agreed the amount of the direct debit. The initiator is required to give you a written notice of the amount and date of each direct debit no less than the date of the debit. ~ For installment or scheduled direct debits, the initiator is required to give a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series. The notice is to include the dates of the debits, and the amount of each direct debit. If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice no less than 30 calendar days before the change. If the bank dishonours a direct debit but the initiator sends the direct debit again once within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

## Credit Card Authority

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Card Expiry \_\_\_\_\_ CSC Number: \_\_\_\_\_ Signature: \_\_\_\_\_

**Address**  
 Building 6, 15 Accent Dr, East Tamaki, Auckland  
 PO Box 97 954, Manukau City,  
 Manukau 2241, Auckland, New Zealand

**Contact**  
 Call: 0800 250 600  
 Email: [admin@starinsure.co.nz](mailto:admin@starinsure.co.nz)  
 Web: [starinsure.co.nz](http://starinsure.co.nz)

Find us online: [starinsure.co.nz](http://starinsure.co.nz)