



DIRECT DEBIT AUTHORITY

My account to be debited (acceptor)

Name of my bank:

Bank Branch Account Suffix

Initiator's authorisation code

Approved

nnnn | mm/yy

From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debit instructions received from *[insert name of the Initiator]* (the 'Initiator') with the authorisation code specified on this authority and in accordance with this authority until further notice from me.

I agree that this authority is subject to:

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

Authorised signature/s: _____ Date: ____/____/____

Specific conditions relating to notices and disputes

- 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 30 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.

For Bank Use Only

Date Received:	Recorded by:	Checked by:
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BANK STAMP

Original – Retain at Branch
Copy – Forward to Initiator if requested



DIRECT DEBIT AUTHORITY

PAYMENT PLAN DETAILS

Member Details

Full Name (Member)		Comet ID	
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Fees Overview

#1 Football Fee	
#2 Administration Fee *	\$10
#3 Total Fee	
#4 Deposit	
#5 Balance to Pay	

* To cover bank fees and administration to set up direct debit.

Payment Plan Details

#6 Frequency (circle)	Weekly	Fortnightly	Monthly
#7 Amount	\$		

Payments will be deducted on: Weekly on Fridays, Fortnightly on Fridays or Monthly on First Friday of the month.

Agreement

I agree for Tauranga City AFC (TCAFC) to deduct the Amount (#7) at the Frequency (#6) until the Balance to Pay (#5) is cleared. Any payments deducted, over and above the agreed Total Fee (#3), will be refunded to the Member by Tauranga City AFC.

On Behalf of TCAFC

Signed _____

Signed _____

Name _____

Name _____

Role _____