



P O Box 1523 Whangarei 6 Hewlett Street Ph 09 438 1900 Fax 09 438 5456

Name of account to be debited:

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

Account details: Bank, Branch number, Account number, Suffix

To the Manager: please print full postal address clearly

Bank, Branch, Address

AUTHORISATION CODE 0 2 2 9 6 6 2

Date:

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

Penguin Wholesalers 2016 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 this form.

Information to appear in my/our bank statement:

Payer Particulars, Payer Code, Payer Reference

Name of Account, Authorised Signature(s)

Approved, For Bank Use Only, Date Received, Recorded by, Checked by, BANK STAMP

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

- 1. The Initiator: (a) Has agreed to give advance Notice... (b) May, upon the relationship... 2. The Customer may:- (a) At any time, terminate... (b) Stop payment... 3. The Customer acknowledges that:- (a) This authority will remain... (b) In any event... (c) Any dispute... (d) Where the Bank... (e) The Bank is not responsible... 4. The Bank may:- (a) In its absolute discretion... (b) At any time terminate... (c) Charge its current fees...