

## Setting up a Direct Debit for your Gem Visa

**Name**

**Gem Visa account number**

6	0	1	0	7	3														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--


**Payment Options**

Choose from one of the following payment options: (Note: if neither is selected Option 1 will apply)

- Option 1:** The minimum monthly payment as shown on my Gem Visa monthly statement
- Option 2:** The greater of \$.....or the minimum monthly payment as shown on my Gem Visa monthly statement
- Option 3:** Full or modified closing balance (pay to qualify for interest free days on general purchases)

Please complete and send this form to:

**PO Box 4058  
Shortland Street  
Auckland 1010**

 0800 500 505

**DIRECT DEBIT AUTHORITY**

**Name of the account to be debited**

**Bank Account to be debited** (Please attach an encoded deposit slip to ensure your number is loaded correctly)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account Number										Suffix							

**Name of your bank**

AUTHORISATION CODE						
0	3	1	4	3	2	2

Approved	
1432	08/18

**From the acceptor to their bank:**

I authorise you to debit my account with the amounts of direct debits from Latitude Financial Services Limited 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.

**Information to appear on my/our bank statement**

GEM VISA	0	0	0	0	0	0	6	0	1	0	7	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payer particulars	Payer code						Payer reference													

Your signature(s):	<input type="text"/>	D	D	M	M	Y	Y
--------------------	----------------------	---	---	---	---	---	---

### Conditions of this Authority to Accept Direct Debits

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

- 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 or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give you a written notice of the amount and date of each direct debit no less than 10 calendar 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.

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.