BANK COPY

UDC
New Zealand's Finance Company

UDC FINANCE LIMITED
LEVEL 9, ANZ CENTRE, 23-29 ALBERT STREET, AUCKLAND // PO BOX 91145, AUCKLAND 1142 // PHONE 0800 500 832

NAME OF ACCOUNT:

AUTHORITY TO ACCEPT DIRECT DEBITS

(Not to operate as an assignment or agreement)

CUSTOMER TO COMPLETE BANK/BRANCH NUMBER & ACCOUNT NUMBER & SUFFIX OF ACCOUNT TO BE DEBITED

Bank	Branch Number	Account Number	Suffix

To: The Manager, (Please Print Full Postal Address Clearly for window envelope)

BANK
BRANCH

ADDRESS
(PO Box)

TOWN/CITY

AUTHORISATION CODE

0 1 0 0 0 4 4

DATE _____

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

UDC FINANCE 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 IN MY/OUR BANK STATEMENT

PAYER PARTICULARS

U D C F I N A N C E

PAYER CODE

L I M I T E D

NAME OF ACCOUNT – CUSTOMER TO COMPLETE

_____

_____

AUTHORISED SIGNATURE(S)

Approved

0004

02 1994

For Bank Use Only

Date Received:	Recorded By:	Checked By:

BANK STAMP

Original – Retain at Branch

Duplicate – Forward to Initiator in postage prepaid and addressed envelope provided by the Initiator.