New Zealand Childcare Finance Ltd

PO Box 137-375 Parnell, Auckland, New Zealand
Tel 0800 777-559 Fax +64 9 523-9725

AUTHORITY TO ACCEPT DIRECT DEBITS

Not to operate as assignment or agreement

Name of account to be debited ……

Account details**:**

Bank *Branch* *Account Number* *Suffix*

To the manager: Bank and branch: ……..

Address (PO Box): ……..

Town or City: ……..

Date: ……..

AUTHORISATION CODE

1 2 1 3 8 8 5

I/We authorise you until further notice in writing to debit my/our account with you all amounts which **New Zealand Childcare 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:

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