



DIRECT DEBIT AUTHORITY

Authority to accept Direct Debits (Not to operate as an assignment or agreement)
Please complete and return to Cigna Life Insurance, Freepost 11 8004, PO Box 24031, Wellington 6142.

1 YOUR DETAILS

Please print your details clearly in CAPITAL letters using a pen

Name List all Cigna Policy number(s)

Premium Deduction Frequency (please tick one)

Fortnightly

Deduction Start Date eg. Monday 16 June

Your Premium Deduction will occur on the same day of the week each fortnight

OR

Monthly Half-yearly Yearly

Deduction Start Date eg. 1st-28th

Your Premium Deduction will occur on the same date each month, half year or year, as selected

2 BANKING DETAILS

Name of account (customer to complete)

Please provide your branch number, account number and suffix of the account to be debited in the spaces provided below

Bank and branch number: Account number: Suffix:

AUTHORISATION
CODE
0215843

Bank and branch

Address (PO Box) Town/City

3 AUTHORISATION

I authorise you to debit my account with the amounts of direct debit instructions received from Cigna Life Insurance New Zealand Limited 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.

Signature(s) Date / /

CONDITIONS OF THIS AUTHORITY

- 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 10 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.

BANK USE ONLY - ORIGINAL RETAIN AT BRANCH

Approved

1584

11 | 17

Date Received
Recorded by
Checked by

(Stamp)