

Mortgage application

to Anglican Financial Care

Contents

Application

Important information 2

Application checklist 3

Mortgage application 5

Notes 11

Additional forms

Credit check authority 13

Identity verification authority 14

Rental property information 15

Rental property assessment 17

Direct debit authority 18

Important information

This form is to be used if you have had an offer accepted for a property or are applying to refinance a currently owned property.

Please ensure you have completed the mortgage application fully and provided all the documentation required in order to process this application. If you fail to include all the required information, it could cause a delay in processing your application.

Allow five business days for the approval process once all the required documentation is received.

Please refer to the guide to applying for an Anglican Financial Care mortgage for more information about the application sections and additional forms.

Application

Complete **ALL** sections of the application form.

All applicants must read, sign and date the declaration in section six of the application form.

Provide the following required documents:

- » Bank statements - Two months worth for all accounts. This includes savings accounts and credit cards.
- » Copies of payslips
 - » If you are paid a salary and your pay is the same each time you should submit **three** payslips; or
 - » If your pay is not the same each pay period please submit the following number for each pay period:
Monthly - three Fortnightly - four Weekly - six
- » If you are self-employed please provide accounts for the previous tax year and a statement of earnings you drawdown.

Purchase of a rental property

If you are purchasing a new rental property please complete and return the Rental Assessment form on page 17. If you are purchasing more than one rental property (eg. a block of flats) complete a Rental Assessment form for each property.

Valuation

Please submit a valuation of the property which supports the requested additional lending. If you are not sure which valuation type you should submit please contact us.

- » If you supply a **rating valuation** from the council we will lend a maximum of **70% of the capital value** shown on the rates valuation.
- » If you supply a **registered valuation** we will lend a maximum of **80% of the value of the property minus the chattels**. If the property is bare serviced land we will lend a maximum of **70%** of the value of the property with a registered valuation and **50%** with a Council/District valuation.

Please ensure the valuation has Anglican Financial Care listed as the interested financial party at the start of the valuation. If this does not occur you will have to have the valuation amended and this could add time to the application process.

Verification of identity

To meet our requirement under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we are required to verify your identity and address information. No funds will be advanced until this requirement has been met. We can verify your identity electronically or you may submit verified copies of acceptable identity documents.

If you wish us to verify your identity electronically please sign and return the Identity verification authority on page 14.

Credit check

Anglican Financial Care requires a credit check for all applications with lending over \$50,000. If an application is submitted without the required authority(s) being included, the application will not be processed until it is supplied. If the applicant(s) do not wish a credit check to occur, the application must be withdrawn.

Each applicant must sign and date the Credit Check Authority located on page 13.

Please use the checklist provided to ensure you have included all of the required documents with your application.

If anything is missing we will contact you and ask you for the information. This will add time to the processing of your application.

Category of applicant

Have you indicated on the application under section two which category of applicant you qualify to apply under? If you are applying under the *Active church member* category you must supply supporting evidence from a church official eg. a letter or email acknowledging your active membership in the church.

- Statement of acknowledgement from church official (if applicable)

Proof of your income

We will need to be sure you have a regular income, so payments on your loan will not put you under financial pressure.

- Payslips for each applicant
- » **Monthly** - 3 payslips
 - » **Fortnightly** - 4 payslips
 - » **Weekly** - 6 payslips
- If you are self-employed, a copy of your most up to date financial statements prepared by an accountant.
- If you have income from other sources besides your employment you should provide evidence of this regular income.
- » For example pension payments, rent or boarder income, regular gift from family, investment earning or funds received from a Trust.

Evidence might include investment earnings statements, a letter from the source of the regular funds, bank statements highlighting the regular payments, statement from your property management company.

Your debts and outgoings

So that we can work out your outgoings, we'll need to see statements that show your current balance on loans, credit cards, any hire purchase arrangements and store cards etc.

Please provide statements for the previous two month for the following items. We should be able to see your current balance and your available credit limit as well as any transactions which occurred during the month such as payments and purchases.

- Credit card statements
- Finance company loans
- Store cards
- Hire purchases
- Student loans

Bank history

We will need to see your last two months' bank statements for all of your accounts.

- Chequing account
- Savings account
- Business accounts - if you are self-employed

Refinance information

If this is a refinance application we will need a statement showing the balance of your current mortgage which also shows who holds the current mortgage.

- Statement of your mortgage balance

Evidence of your deposit if purchasing a new property

We will need to see evidence showing you have the deposit available.

- Statement from your KiwiSaver provider of your balance available (If you're using these savings towards the purchase).
- Bank statements showing savings being used towards deposit.
- Balance statement of managed funds.
- If you are receiving a gift from family a statement detailing the amount of the gift / loan and if applicable information about any repayment arrangements which might be in place.
- HomeStart Grant
 - » If you have applied for and been approved for a HomeStart Grant please provide a copy of the notification from Housing New Zealand.
 - » If you will be applying or have not received your notification of approval yet you should indicate in your application that you will be applying.

This can be shown by inserting the grant amount in your assets in the HomeStart section of the with an asterisk beside it. Include a note with the information about the intention to apply or the date you submitted your application in the *Notes* section provided on pages 11.

Valuation

If you are know the property you are purchasing, or if this is a refinance application, a valuation is required to be submitted with your application. Depending on the amount of lending you need, you should supply a:

- Council rates information sheet - Maximum of 70% of the capital value shown could be borrowed.
- Registered valuation - Maximum of 80% of the value (minus chattels) could be borrowed.

Additional requirements

Complete and include the following additional pages located at the back of your application form along with your application (as applicable).

- Credit check authority (Required if total lending will be over \$50,000.)
- Identity verification authority
 - » If you do not wish us to verify your identity electronically you will have to provide certified copies of documents to meet this requirement. Please contact us to request a copy of the *Identity Verification Guide*.
- Rental property information - Complete this form for each rental property you already own.
- Rental assessment form - If the purchase is intended to be a rental property.
- Direct debit authority - This will not be registered if the application is unsuccessful.

Please mail to Anglican Financial Care, PO Box 12 287, Thorndon, Wellington 6144 or email office@angfncare.nz

1. This application is for:

Single applicant

Joint applicants

Trust (please see Guide section 1)

Name of trust

LTC company (please see Guide section 1)

Name of company

1a. Personal details - Applicant 1

Title

First name(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Daytime / mobile phone

 (0)

Email address

Employers name

Occupation

Duration

Are you a NZ citizen or do you have permanent NZ residency

Yes

No

1b. Personal details - Applicant 2

Title

First name(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Daytime / mobile phone

 (0)

Email address

Employers name

Occupation

Duration

Are you a NZ citizen or do you have permanent NZ residency

Yes

No

Number of dependants

Age of dependants

As Anglican Financial Care restricts its lending, please tick the category at least one of the applicants qualifies under.

Anglican clergy or widow/er

Christian organisation employee

The Retire Fund member

Clergy - other denominations

Christian KiwiSaver Scheme member

Active church member +

+ Please refer to A guide for the mortgage application process for instructions regarding the required documentation for this category.

3. Address

Postal address

Number / Street / PO Box

Suburb / City

Postcode

4. Additional finance sources

Will you be receiving additional finance from another organisation or person? Yes No

Name of lender:

Amount being received: \$ Monthly repayment amount: \$

5. Lawyer's details

Firm name

Title First name Surname

Phone number (0) Email address

Postal address

Number / Street / PO Box

Suburb / City

Postcode

6. Declaration

I / we **declare** that to the best of my/our knowledge the information supplied in the application form is correct.

I / we authorise Anglican Financial Care to make such enquiries as they deem necessary in order to verify the financial details set out in the application.

I / we have disclosed any and all information that might adversely affect my ability to repay the mortgage and all financial liabilities.

I / we **consent** to receive electronic communication. I / we **understand** that statements and other communication materials will be sent by email, unless I request they be sent by post. If no email address is supplied, I / we **understand** statements and other communication materials will be sent to my postal address.

Signature of applicant

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of applicant

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

7. Finance amount

Requested lending amount: \$ Lending amount is limited by the value of the property.

Finance confirmation date:

8. Mortgage details

Property status

To be purchased Currently owned

Property intention

Owner occupied Rental property

Type of mortgage

Interest only
Interest only mortgages have a maximum ten year term

Table - Length of mortgage

5 years 10 years 15 years
 20 years 25 years Other _____

Interest rate choice

Floating
 1 year fixed
 2 year fixed
 3 year fixed

The current interest rates being offered can be viewed on the Anglican Financial Care website.

9. Address of property used for security

Number / Street

Suburb / City

Postcode

10. Additional security

If an additional property is being included for security please provide the details below.

Number / Street

Suburb / City

Postcode

Is the property mortgaged? Yes No If yes, who holds the mortgage?

11. Council rates

Are the council rates for all properties already owned up to date? Yes No N/A

12. Proposed costs for the new property

In this section please provide the estimated monthly costs associated with the new property. Do not complete this section if you are applying to refinance a currently owned property. If you leave this section blank we will apply a set amount of \$500 per month for these costs for a new property.

Full replacement insurance: \$

Council rates: \$

Maintenance: \$

Other: \$

13. Family trusts and guarantor

Has any applicant set up a family trust and / or are a trustee / beneficiary of a family trust?

Yes No

Is any applicant acting as a guarantor for a loan for any other person?

Yes No

14. What is your total household income?

In this section you need to tell us about the money the household has coming in.

What frequency are you paid?

Applicant 1:

Weekly Fortnightly Monthly N/A

Applicant 2:

Weekly Fortnightly Monthly N/A

How much do you receive in hand during this period?

Applicant 1:

Salary / wages

\$

Applicant 2:

Salary / wages

\$

Please submit your most recent payslips as indicated below for each applicant.

- » If you are on a salary and your pay remains the same each pay period please submit three payslips.
- » If your pay is not the same each pay period please submit the number of payslips shown below for each pay period.

Monthly - three

Fortnightly - four

Weekly - six

How much income from other sources do you receive each month?

- If you receive an income that counts for both of you, only include it in one place. Eg. Working for Families benefit

Applicant 1:

Commission:

\$

Self-employed income:

\$

NZ Superannuation:

\$

Clergy pension:

\$

Other pension / super:

\$

Benefit:

\$

Child support:

\$

ACC:

\$

Interest / dividends:

\$

Trust income:

\$

Other*:

\$

Applicant 2:

Commission:

\$

Self-employed income:

\$

NZ Superannuation:

\$

Clergy pension:

\$

Other pension / super:

\$

Benefit:

\$

Child support:

\$

ACC:

\$

Interest / dividends:

\$

Trust income:

\$

Other*:

\$

* Please describe what the Other income is from on the Notes section on page 11 and provide proof of this income. If for example it is a payment you receive each month from family you could indicate the payment is shown in the bank account statements.

How much income do you receive each month from currently owned rental properties or boarders before tax?

Rental income:

\$

Boarder income:

\$

If you currently own properties that you receive an income from please ensure you complete the Rental property information form on page 15.

15. What assets / savings do you have?

In this section you need to tell us about the things you and your household own, and their current value.

What assets do you own?

Family home:	\$ <input type="text"/>	Address:	<input type="text"/>
Property 1:	\$ <input type="text"/>	Address 1:	<input type="text"/>
Property 2:	\$ <input type="text"/>	Address 2:	<input type="text"/>
Property 3:	\$ <input type="text"/>	Address 3:	<input type="text"/>
Chequing accounts:	\$ <input type="text"/>	Superannuation / KiwiSaver:	\$ <input type="text"/>
Savings accounts:	\$ <input type="text"/>	HomeStart Grant **:	\$ <input type="text"/>
Shares:	\$ <input type="text"/>	Vehicle 1 _____ year	\$ <input type="text"/>
Term deposits:	\$ <input type="text"/>	Vehicle 2 _____ year	\$ <input type="text"/>
Household contents (value):	\$ <input type="text"/>	Other assets over \$1,000:	\$ <input type="text"/>

* Please refer to A guide for the mortgage application process for instruction regarding HomeStart Grants.

16. What debts does the household have (what do you owe)?

In this section you need to tell us about the debts you and your household have.

How much do you owe in total for:

Family home mortgage:	\$ <input type="text"/>	Store card 1:	\$ <input type="text"/>
Property 1 mortgage:	\$ <input type="text"/>	Store card 2:	\$ <input type="text"/>
Property 2 mortgage:	\$ <input type="text"/>	Finance company 1:	\$ <input type="text"/>
Property 3 mortgage:	\$ <input type="text"/>	Finance company 2:	\$ <input type="text"/>
Liberty Trust loan:	\$ <input type="text"/>	Finance company 3:	\$ <input type="text"/>
Student loans:	\$ <input type="text"/>	Personal loan 1:	\$ <input type="text"/>
Credit card 1:	\$ <input type="text"/>	Personal loan 2:	\$ <input type="text"/>
Credit card 2:	\$ <input type="text"/>	Bank overdraft 1:	\$ <input type="text"/>
Credit card 3:	\$ <input type="text"/>	Bank overdraft 2:	\$ <input type="text"/>
Hire purchase payment 1:	\$ <input type="text"/>	Vehicle finance 1:	\$ <input type="text"/>
Hire purchase payment 2:	\$ <input type="text"/>	Vehicle finance 2:	\$ <input type="text"/>
Hire purchase payment 3:	\$ <input type="text"/>	Other liabilities over \$1,000*:	\$ <input type="text"/>

* Please describe what the Other liabilities over \$1,000 are in the Notes section on page 11 of this application form.

17. What is your total monthly household expenditure?

In this section you need to tell us about the money you and your household have going out each week. The more information we have, the better we will be able to assess your individual circumstances.

How much do you pay each month on mortgages for currently owned properties?

Family home:	<input type="text" value="\$"/>	Is this property being refinanced with Anglican Financial Care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property 1:	<input type="text" value="\$"/>	Is this property being refinanced with Anglican Financial Care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property 2:	<input type="text" value="\$"/>	Is this property being refinanced with Anglican Financial Care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property 3:	<input type="text" value="\$"/>	Is this property being refinanced with Anglican Financial Care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How much do you pay each month for:

Council rates:	<input type="text" value="\$"/>	Liberty Trust payment:	<input type="text" value="\$"/>
Water rates:	<input type="text" value="\$"/>	Entertainment:	<input type="text" value="\$"/>
Electricity / gas:	<input type="text" value="\$"/>	Credit card 1:	<input type="text" value="\$"/>
Phone:	<input type="text" value="\$"/>	Credit card 2:	<input type="text" value="\$"/>
Internet:	<input type="text" value="\$"/>	Credit card 3:	<input type="text" value="\$"/>
Sky / Netflix etc.:	<input type="text" value="\$"/>	Store card 1:	<input type="text" value="\$"/>
Groceries:	<input type="text" value="\$"/>	Store card 2:	<input type="text" value="\$"/>
Takeaways:	<input type="text" value="\$"/>	Store card 3:	<input type="text" value="\$"/>
Doctor / dentist / optician:	<input type="text" value="\$"/>	Personal loan 1:	<input type="text" value="\$"/>
Pharmacy / medication:	<input type="text" value="\$"/>	Personal loan 2:	<input type="text" value="\$"/>
House / contents insurance:	<input type="text" value="\$"/>	Hire purchase payment 1:	<input type="text" value="\$"/>
Life insurance:	<input type="text" value="\$"/>	Hire purchase payment 2:	<input type="text" value="\$"/>
Medical insurance:	<input type="text" value="\$"/>	Hire purchase payment 3:	<input type="text" value="\$"/>
Vehicle / boat insurance:	<input type="text" value="\$"/>	Finance company 1:	<input type="text" value="\$"/>
Petrol / road user charges:	<input type="text" value="\$"/>	Finance company 2:	<input type="text" value="\$"/>
Public transport:	<input type="text" value="\$"/>	Finance company 3:	<input type="text" value="\$"/>
Car maintenance:	<input type="text" value="\$"/>	Student loans:	<input type="text" value="\$"/>
Home maintenance:	<input type="text" value="\$"/>	Offerings / donations / gifts:	<input type="text" value="\$"/>
Children's education:	<input type="text" value="\$"/>	Regular savings:	<input type="text" value="\$"/>
Child care:	<input type="text" value="\$"/>	Other 1:	<input type="text" value="\$"/>
Child maintenance:	<input type="text" value="\$"/>	Other 2:	<input type="text" value="\$"/>

Notes:

Use this page to provide any other information which is relevant to your application.

For example:

- » If you wish to divide your mortgage over more than one interest rate describe the split you wish to do.
- » If you have or will be applying for a HomeStart Grant please tell us when you have submitted the application or your intention to apply.

Additional forms

Credit check authority

Identity verification authority

Rental assessment form

Direct debit authority

If this authority is not completed your application will not be processed

Please contact us for instructions for credit checks if you have more than two applicants or if you are applying in the name of a Trust.

Full name of applicant 1

Full name of applicant 2

consent to you, Anglican Financial Care, collecting, using and disclosing my personal information for the following purposes:

- » Verifying any information that I give to you (or information that you may collect from other sources) with third parties and third party databases, including Government agencies (for e.g.. NZ Transport Authority, Motor Vehicle Register, PPSR).
- » Carrying out credit checks on me with a credit reporting agency for a purpose relating to the provision of credit to me (including debt collection) or for a quotation for the cost of credit or for the requirements of the Anti-Money Laundering and Countering Financing Terrorism Act 2009. This will require you to give my information to the credit reporting agency as well as the credit reporting agency providing information about me to you.
- » Debt recovery including appointing an agent to collect any outstanding debts and listing defaults with a credit reporting agency.
- » Checking the Ministry of Justice fines database for any overdue fines I may have. This will require you to give my information to the Ministry of Justice. This check may be carried out by a credit reporting agency, which will require the search results to be disclosed to the credit reporting agency.
- » Verifying any information that I give to you (or information that you may collect from other sources) with third parties and third party databases for the purposes of fraud prevention or the Anti-Money Laundering and Countering Financing Terrorism Act 2009.
- » Where I have voluntarily given you my driver licence information, this information may also be disclosed to a credit reporting agency and the Ministry of Justice as part of the checks you undertake with them.

I authorise any third party to provide my personal information to you for any of these purposes.

I understand that if you disclose my personal information to a credit reporting agency, they may hold my information on their credit reporting database and use it for providing credit reporting services and for any other lawful purpose and they may disclose my information to their subscribers for the purpose of credit checking or debt collection or for any other lawful purpose.

Signature of applicant 1

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of applicant 2

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please complete this authority if you wish us to verify your identity electronically.

To meet our requirement under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we are required to verify your identity and address information. We cannot accept funds from you, or advance funds to you, until both your identity and your residential address have been verified.

We can identify you one of two ways:

- » electronically; or
- » manually.

If you choose manual verification of your identity you will need to provide us with certified copies of the documents listed in the Identity Verification Guide. A copy is available on angfincare.nz or contact us for a copy.

If you wish us to verify your identity electronically please provide a copy of one of the following items:

- » Current New Zealand Passport
- » Current New Zealand Driver Licence
- » Full New Zealand Birth Certificate

To verify your physical address we will accept a variety of documents. Please provide a copy of a bank statement, utility bill, council rates bill or official correspondence showing your name and physical address. We cannot accept PO Box addresses.

Please note: If you intend to move into the property you are purchasing you will need to update your address details and supply documents to verify your new address.

I consent to Anglican Financial Care using the personal information that I have provided to verify my identity electronically and where necessary disclosing the information to external and independent agencies for the purpose of matching my information with identification information held in third party databases including the Department of Internal Affairs, the New Zealand Transport Authority and White Pages.

Name of applicant 1

Signature of applicant 1

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of applicant 2

Signature of applicant 2

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please provide information about income derived from and expenses for all rental properties you own.

Property 1

Income

What is the amount you receive in rent per week?

Expenditure

Rental property management fees

Council rates

Full replacement insurance cost

Maintenance

Other regular

Are you using a property management agency?

 Yes

 No

Is the property rented to a family member?

 Yes

 No

Is the property currently tenanted?

 Yes

 No

Property 2

Income

What is the amount you receive in rent per week?

Expenditure

Rental property management fees

Council rates

Full replacement insurance cost

Maintenance

Other regular

Are you using a property management agency?

 Yes

 No

Is the property rented to a family member?

 Yes

 No

Is the property currently tenanted?

 Yes

 No

Property 3

Income

What is the amount you receive in rent per week?

\$

Expenditure

Rental property management fees

\$

Council rates

\$

Full replacement insurance cost

\$

Maintenance

\$

Other regular

\$

Are you using a property management agency?

Yes

No

Is the property rented to a family member?

Yes

No

Is the property currently tenanted?

Yes

No

This form should only be completed when you are purchasing a new rental property.
If you are refinancing a property you already own you should not complete this form.

If the property you are purchasing is intended to be a rental property please fill out the worksheet below. **If there is more than one property being covered in the application each property will require a separate sheet** (eg. in the case of the purchase of a group of flats).

Anglican Financial Care requires a professional rental assessment of the property. Assessments can be provided by QV, real estate agents and registered valuers. If you are having a registered valuation done on the property you should request your valuer include a rental income assessment.

1. Rental property intentions

Will you be using a property management agency?

Yes No

Is the property intended to be rented to a family member?

Yes No

If yes, will the rent being charged to family member be at a discounted rate?

Yes No

Is the property currently tenanted?

Yes No

If yes, will the current tenants be remaining in the property?

Yes No

2. Rental income

What is the projected weekly rent as stated in the rental assessment?

\$

What is the weekly rental rate you will be charging?

\$

3. Rental expenses

Please list the expenses you will have for the new rental property.

Rental property management fees

\$

Council rates

\$

Full replacement insurance cost

\$

Maintenance

\$

Other regular

\$

Please mail to Anglican Financial Care, PO Box 12 287, Thorndon, Wellington 6144 or email office@angfincare.nz

Please contact us on (04) 473-9369 if you require help completing this form.

1. Customer Instructions

Given Name(s) <input type="text"/>	Surname <input type="text"/>								
Start date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Frequency - Select one <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
D	D	M	M	Y	Y	Y	Y		

2. Customer Bank Details

Name of Account

Bank / Branch

Address of Bank

Suburb / City Postcode

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

**AUTHORISATION
CODE**

0605023

Account details - Please attach a deposit slip to ensure your account number is correctly registered.

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

Information to appear in my/our bank statement [TO BE COMPLETED BY THE CUSTOMER]

<input type="text"/>	<input type="text"/>
Payer Particulars	Payer code

Optional Payer Reference [To be completed by the payer]

3. Customer Authorisation

I/We authorise you until further notice in writing to debit my/our account with you all amounts which Anglican Financial Care (herein referred as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.

Authorised signatory (s)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

For Bank Use Only

0502

09/1995

date received

recorded by

checked by

bank stamp

Conditions of this Authority to accept Direct Debits

1. The Initiator:

- a. Undertakes to give notice to the Acceptor of the commencement date, frequency and amount at least ten calendar days before the first Direct Debit is drawn (but no more than two calendar months). This notice will be provided either:
 - i. in writing; or
 - ii. by electronic mail where the Customer has provided prior written consent to the Initiator where the Direct Debit system is used for the collection of payments which are regular as to frequency, but variable as to amounts. The Initiator undertakes to provide the Acceptor with a schedule detailing each payment amount and each payment date.

In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give advance notice of at least 30 days before changes come into effect. This notice must be provided either:

- iii. in writing; or
 - iv. by electronic mail where the Customer has provided prior written consent to the Initiator.
- b. May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
- c. May, upon receiving an "authority transfer form" (dated after the day of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that transfer form and this Authority for the account identified in the authority transfer form.

2. The Customer may:

- a. At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- b. Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
- c. Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of the Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:

- a. This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.
- b. In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- c. Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other disputes lie between me/us and the Initiator.
- d. Where the Bank has used reasonable care and skill in acting in accordance with this Authority, the Bank accepts no responsibility or liability in respect of:
 - » the accuracy of information about Direct Debits on Bank statements,
 - » any variations between notices given by the Initiator and the amounts of Direct Debits.
- e. The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly, nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- f. Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The Bank may:

- a. In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- b. At any time terminate this Authority as to future payments by notice in writing to me/us.
- c. Charge its current fees for this service in force from time to time.
- d. Upon receipt of an "Authority to transfer form" signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debits.

04 473 9369
www.angfincare.nz