Toyota Insurance

TOYOTA INSURANCE

CUSTOMER TO COMPLETE
BANK ACCOUNT HOLDERS NAME:

Authority to Accept Direct Debits
(not to operate as an assignment or agreement)

NUMBER AND SUFFIX OF ACCOUNT TO BE DEBITED

(Please attach an encoded deposit slip to ensure your number is loaded correctly)

Bank	Branch No	Account No	Suffix

AUTHORISATION CODE

0	1	0	9	0	5	2

(User Number)

TO: The Manager **(Please enter the full postal address)**

Bank/Branch	
Address/(PO Box)	
Town/City	

Date
Reference

I/We authorise you until further notice in writing to debit my/our account with all amounts which **Aioi Management New Zealand 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 bottom of this form.

THE FOLLOWING INFORMATION WILL APPEAR ON YOUR BANK STATEMENT

"TOYOTA INS" plus your customer reference with Toyota Insurance should you need to make an inquiry.

Authorised Signature(s)

APPROVED	
0905	
09	2005

FOR BANK USE ONLY

Date Received:	Recorded By:	Checked By:

Original: Retain at Branch
Copy: Forward to Initiator if requested

BANK STAMP

CONDITIONS OF THIS AUTHORITY

1. **The Initiator**:
   a) Has agreed to give advance Notice of the net amount of each direct debit and the due date of debiting at least 10 calendar days before (but not more than 2 calendar months) the date the direct debit will be initiated.
   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
   The advance notice will include the following message:-
   "Unless advice to the contrary is received from you by (*date), the amount of $..... will be directly debited to your Bank account on (initiating date)."
   * This date will be at least two days prior to the due date to allow for amendment of direct debits
   (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.

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

3. **The Customer** acknowledges that:
   (a) This authority will remain in full force and effect in respect of all direct debits made from me/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.

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.

Toyota Vehicle Insurance is administered by Aioi Management New Zealand Limited.
The Insurer is Aioi Insurance Co., Ltd, and affiliate of the Toyota Motor Corporation Group.
PO Box 17504, Greenlane, Auckland 1546, Tel: 0800 752 666, Fax 0800 702 666, Web: www.toyota.co.nz/insurance