

# Direct Debit Authority



To complete this application, you might need to refer to your bill.

Please complete your details then email to [solutions@simplyenergy.co.nz](mailto:solutions@simplyenergy.co.nz) or post to Simply Energy, PO Box 10742, The Terrace, Wellington 6143 .

Please remember to sign the form.

You can complete this form digitally. Click on a field to get started, and tab (or move your cursor) to move between fields.

## Section A – Your energy account details

Please complete the details of the energy account/s you would like to pay by direct debit.

Energy account name/s	<input type="text" value="Name 1"/> <small>&gt; Title &gt; First name(s) &gt; Last name</small>	<input type="text" value="Name 2"/> <small>&gt; Title &gt; First name(s) &gt; Last name</small>
Supply address	<input type="text"/> <small>&gt; Number &gt; Street &gt; Suburb &gt; Town or City</small>	
Daytime phone	<input type="text"/> <small>&gt; Area code</small>	<input type="text"/> <small>&gt; Number</small>
Email	<input type="text"/>	
Please list the energy account/s that you would like to pay by direct debit.		
Energy account number/s	<input type="text" value="Account number 1"/>	<input type="text" value="Account number 3"/>
	<input type="text" value="Account number 2"/>	<input type="text" value="Account number 4"/>

## Section B – Pay by Direct Debit

Bank account name	<input type="text"/> <small>The account name as it appears on your bank statement.</small>
Bank account details	<input type="text"/> <small>&gt; Bank &gt; Branch &gt; Account &gt; Suffix</small>
Bank name	<input type="text"/>
Bank branch	<input type="text"/>
To appear on your statement	<input type="text"/>

AUTHORITY TO ACCEPT DIRECT DEBITS Not to operate as an assignment or agreement.
INITIATOR'S AUTHORISATION CODE 0 1 3 0 4 5 2
APPROVED 3 0 4 5 0 5 / 2 0 2 4

I/We authorise you, until further notice in writing, to debit my/our account/s with all amounts that Simply Energy (hereafter referred to as the Initiator), the registered Initiator of the Authorisation Code below, 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 application.

Names/and signature/s	<input type="text" value="Name 1"/>	<input type="text" value="Signature 1"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			<small>&gt; Day &gt; Month &gt; Year</small>
	<input type="text" value="Name 2"/>	<input type="text" value="Signature 2"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<small>Select a digital signature from your files, or print and sign</small>	<small>&gt; Day &gt; Month &gt; Year</small>

## Specific conditions relating to notices and disputes

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I don't receive a written notice of the amount and date of each direct debit from the initiator, or
- I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series. The notice is to include:

- the dates of the debits, and
- the amount of each direct debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice:

- no less than 30 calendar days before the change, or
- if the initiator's bank agrees, no less than 10 calendar days before the change.