

# Direct Debit Authority

Name of my account to be debited (acceptor)

Initiator's authorisation code

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 1 | 3 | 0 | 7 |
|---|---|---|---|---|---|---|

Name of my bank

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|  |  |
|--|--|

Bank

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|  |  |  |  |
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Branch

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|--|--|--|--|--|--|--|--|

Account

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|--|--|

Suffix

From the acceptor to \_\_\_\_\_ (my bank):

*[insert name of acceptor's bank]*

I authorise you to debit my account with the amounts of direct debits from **Focus 32 Dental** with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below.

Please include the following information on my bank statement

Authorised signature/s:

Date:

## 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 you a written notice of the amount and date of each direct debit no less than 10 calendar days before the date of the debit.

For a series of direct debits, the initiator is required to give a written notice of the 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 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.

If the bank dishonours a direct debit but the initiator sends the direct debit a second time within 5 business days of the original direct debit, the initiator is not required to notify you a second time of the amount and date of the direct debit.

For Bank Use Only

| Approved      | Date Received | Recorded By | Checked By | Bank Stamp |
|---------------|---------------|-------------|------------|------------|
| 3130<br>03/24 |               |             |            |            |