STAR Insurance Specialists

ADDRESS

Building 6, 15 Accent Drive,
East Tamaki, Auckland
PO Box 97 954, Manukau City,
Manukau 2241, Auckland

CONTACT

Call: 0800 250 600
Fax: 09 250 6001
Email: admin@starinsure.co.nz
Web: starinsure.co.nz

Direct Debit OR Credit Card Authority

Name of my account to be debited (acceptor)

Name of my bank

Bank | Branch | Account | Suffix

Initiator's Authorisation Code

0	6	4	7	9	2	2

Approved

4792	11/16

From the acceptor to *(Insert name of acceptor's bank)* **(my bank):**

I authorise you to debit my account with the amounts of direct debits for Star Underwriting Agents Ltd 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:

Save As | Email

MONTHLY INSURANCE

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 a written notice of the amount and date of each direct debit in a series of direct debits no less that 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 send 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 of 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 that 10 calendar days before the change.

OR

Credit Card Monthly Authority

VISA MasterCard

Name on Card _____

Card Number ____ / ____ / ____ / ____

Card Expiry ____ CSC Number: ____

STAR CamperCare | STAR Prestige | STAR Motorcycle | STAR Enthusiast | STAR Everyday | STAR Auctions