



Name of account to be debited:

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

Account details:

Bank	Branch Number	Account Number	Suffix
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Authorisation code

3	1	3	6	1	0	3
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(user number)

To the Manager, (Please Print Full Postal Address Clearly)

Bank:	
Branch:	
Address: (PO Box)	

Date:

I/We authorise you until further notice in writing to debit my/our account with you with all amounts which

**Mitsubishi Motors Financial Services**

(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 overleaf.

**INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT**

Payer Particulars	Payer Code	Payer Reference
V E H I C F I N		

Name of Account:	
Signature:	

<table border="1"> <tr> <td>Approved</td> <td colspan="2">FOR BANK USE ONLY:</td> </tr> <tr> <td>3610</td> <td colspan="2">Original – Retain at Branch</td> </tr> <tr> <td>05</td> <td>2013</td> <td>Copy – Forward to Initiator if requested</td> </tr> </table>	Approved	FOR BANK USE ONLY:		3610	Original – Retain at Branch		05	2013	Copy – Forward to Initiator if requested	<table border="1"> <tr> <td>Date Received</td> <td>Recorded By</td> <td>Checked By</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Date Received	Recorded By	Checked By				<table border="1"> <tr> <td><b>BANK STAMP</b></td> </tr> </table>	<b>BANK STAMP</b>
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**CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS**

**NO ADVANCE NOTICE**

- The Initiator:**
  - Will not initiate a Direct Debit on my/our account unless authorisation is received from me/us in accordance with the terms and conditions agreed between me/us and the Initiator of each amount to be debited from my/our account.
  - Undertakes to give notice of the commencement date, frequency and amount at least 2 calendar days before the first Direct Debit is drawn (but no more than 2 calendar months). This notice will be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (including by electronic means including SMS) to communicate electronically).
  - 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 the change comes into effect. This notice must be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (including by electronic means including SMS) to communicate electronically 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.
  - May, upon receiving written notice (dated after the date of this authority) from a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that written notice and this Authority from the account identified in the written notice.
- The Customer may:-**
  - At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
  - 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.

- 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 clause 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 a 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.
- The Customer** acknowledges that:-
    - 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.
    - 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.
    - 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 dispute lies between me/us and the Initiator.
    - 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; and
      - any variations between notices given by the Initiator and the amounts of Direct Debits.
    - The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with 1(a) 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.
  - The Bank** may:-
    - At any time terminate this Authority as to future payments by notice in writing to me/us.
    - 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 signed by me/us and given to or drawn on the Bank.
    - Charge its current fees for this service in force from time-to-time



## Schedule – Authority to Accept Direct Debits

Commencement of this authority request terminates any previous Direct Debit authority between myself and the Initiator (MMFS) in relation to the application/contract number \_\_\_\_\_

Under the authority to accept Direct Debits, I wish to have the authority set up under the following repayment structure:

Weekly       Fortnightly       Monthly

Please tick as required

**Repayment Amount**      \$

I acknowledge that this arrangement will continue until all amounts are payable under my agreement and that where I have selected a repayment frequency:

- Weekly payments – the first Direct Debit will commence 1 week from the date of settlement of the contract
- Fortnightly – the first Direct Debit will commence 2 weeks from the date the settlement of the contract
- Monthly – the first Direct Debit will commence as per the contract payment schedule

For structured loan repayments please refer to your loan schedule.

I acknowledge that this arrangement will continue until all amounts are payable under my agreement.

Where the contract is for advance payments – 1 full repayment will be deducted 2 days after the settlement date and thereafter, it will default to the above schedule.