

Otago Daily Times **easy2pay**

The hassle-free way to pay your Otago Daily Times account

How does it work?

easy2pay is the easiest way to pay your ODT account. On the 20th of each month, the amount owing will be withdrawn directly from your bank account to settle the account.

Once **easy2pay** has commenced, any account queries or changes in bank details must be forwarded to our circulation department by the 15th of each month. At any time you can terminate this authority by giving written notice of termination to our circulation department and to your bank.

How do I get it?

Simply complete the fields below and return to:

ODT Accounts Department
PO Box 517
DUNEDIN

Direct debit option

CONDITIONS OF THIS AUTHORITY

1. The Initiator: (a) The Initiator undertakes to give notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first Direct Debit is drawn (but not more than 2 calendar months). This notice will be provided either: (i) in writing; or (ii) by electronic mail where the Customer has provided written consent to the Initiator. 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 at least 30 days before the change comes into effect.

(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.

(c) 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.

3. The Customer acknowledges that: (a) The 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.

(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 lies 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.

(f) Notice given by the Initiator in terms of clause 1 (a) to the debtor responsible for the payments shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

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.

BANK INSTRUCTIONS

NAME:
(of Customer's Bank Account)

Customer name: _____

ODT Customer #: _____

Bank account from which payments to be made

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BANK		BRANCH			ACCOUNT NUMBER							SUFFIX								

To: The Bank Manager.

BANK: _____ BRANCH: _____ TOWN/CITY: _____

**AUTHORITY TO ACCEPT
DIRECT DEBITS**
(Not to operate as an assignment or agreement)

AUTHORISATION CODE

0 2 0 8 7 1 5

I/We authorise you until further notice, to debit my/our account with all amounts which THE OTAGO DAILY TIMES (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 below.

Information to appear on my/our bank statement:

PAYER PARTICULARS

A L L I E D P R E S S

PAYER CODE (OPTIONAL)

PAYER REFERENCE (OPTIONAL)

TITLE :	FIRST NAME:	SURNAME:
ADDRESS:		
POSTCODE	TELEPHONE:	
EMAIL:		

SIGNATURE
DATE: / /

Approved 1241 **Bank use only** Original - Retain at Branch

08 | 2002

DATE RECEIVED:

RECORDED BY:

CHECKED BY:

BANK
STAMP