



**kiwi reconnect**

www.kiwireconnect.co.nz  
service@kiwireconnect.co.nz

P O Box 6134  
Wellesley Street  
Auckland 1141

Toll free: 0800 473 666  
T: 09 638 4098  
F: 09 638 4097

To pay by direct debit – **Complete ALL 6 shaded boxes**  
Then return to Kiwi Reconnect using the Freepost envelope provided.  
Please call us if you have any questions.

Name on your Kiwi Reconnect account :  
\_\_\_\_\_

Your Customer Number:  
\_\_\_\_\_

Account details:  
Bank      Branch      Account      Suffix  
  
    0    

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

To: The Manager

**Bank Branch**  
\_\_\_\_\_  
**Address (PO Box)**  
\_\_\_\_\_  
**Town/city**  
\_\_\_\_\_  
**Date:**  
\_\_\_\_\_

**AUTHORISATION CODE**  
  
**1 2 0 7 0 5 6**

I/we authorise you until further notice in writing to debit my/our account with you all amounts which  
**KIWI RECONNECT LIMITED**  
(Herein after 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 on the reverse of this form.

**CIRCLE DAY OF WEEK YOU'D  
LIKE TO PAY ON**  
MON / TUES / WED / THUR / FRI  
  
**CIRCLE BILLING CYCLE**  
WEEKLY / FORTNIGHTLY /  
MONTHLY

**Name on bank account :**  
\_\_\_\_\_  
  
**Authorised signature(s):**  
\_\_\_\_\_

For Bank use only

Approved  
  
0705  
07/05

Date received:      Recorded by:      Checked by:

Bank stamp