Direct Debit Request Form

Oil2U Limited - NZ
NZBN: 94 290 417 00730
Phone:0800 364 528
accounts@oil2u.com.nz
www.oil2u.com.nz

AUTHORITY TO ACCEPT DIRECT DEBITS

(Not to operate as an assignment or an agreement)

Name of account to be debited: _____

Nominated Account Details

Branch Number:	**Bank:**	**AUTHORISATION CODE**
Account Number:	**Branch:**	
	Address:	**Date:**

I/We authorise you until further notice in writing to debit my/our account with you with all amounts which **Oil2u Limited** (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 on this form.
Information to appear in my/our bank statement:

Payer Particulars:

Payer code:

Payer Reference:

Name of Account: _____ Authorised Signature: _____

Registered Office: HLB MANN JUDD LIMITED Level 6, 57 Symonds Street, Grafton, Auckland, 1010 NZ
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