DIRECT DEBIT AUTHORITY



Please complete and return to Cigna Life Insurance New Zealand Limited, Private Bag 92131, Victoria Street West, Auckland 1142.

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Filvate bag 52151, victoria Street West, Auc							
Bank Instructions							
Name of account							
Bank account from which payments are made (Please attach an encoded deposit slip to ensure your number is loaded correctly)	AUTHORITY TO ACCEPT DIRECT DEBITS (Not to operate as an assignment of agreement) Bank Branch Account number Suffix Authorisation code 0 1 0 8 7 0 4						
To: The Bank Manager							
Bank							
Branch							
Town/City							
I authorise you to debit my account with the amounts of direct debit instructions received from Cigna Life Insurance New Zealand Limited with the authorisation code specified on this authority and in accordance with this authority until further notice from me. I agree that this authority is subject to: • my bank's terms and conditions that relate to my account, and • the terms and conditions listed below.							
Policy details							
Name of policy owner(s) Policy number(s) for which							
this authority applies							
Payment frequency							
Use existing payment date and freque OR Preferred date of first payment Weekly O Fortnightly (Information to appear on my/our ban	DD / MM / YYYY Monthly Half-yearly Annually						
CIGNA							
Signature	X DD / MM / YYYY						
Conditions of this authority							
 the date of the first direct debit in 2. If Cigna proposes to change an an no less than 10 calendar days befor 3. I may ask my bank to reverse a dir I don't receive a written notice of I receive a written notice but the 4. If the bank dishonours a direct del required to give you a second noti 5. All notices must be in writing, but 	otice of the amount and date of each direct debit in a series no less than 2 calendar days before the series. The notice is to include the dates of the debits and the amount of each direct debit. nount or date of a direct debit specified on the notice, Cigna is required to give you written notice re the change. The change debit up to 120 calendar days after the debit if: of the amount and date of each direct debit from Cigna, or e amount or the date of debiting is different from the amount or the date specified on the notice. Dit but Cigna sends the direct debit again within 5 business days of the dishonour, Cigna is not ce of the amount and date of the direct debit. can be delivered electronically, if I have agreed that with Cigna. Eive a same day notice for direct debits specifically requested by me.						

PLEASE ATTACH DEPOSIT SLIP

	roved	For Bank use	For Bank use only Original – retain at branch			Bank Stamp	
0870	12/20	Date received:	Checked by:	Recorded by:			
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