

Merchant Name: Coastguard New Zealand

Merchant ID: 21186

Flo2Cash System Reference: ver. v3kn

A. Customer Details

First Name _____ Last Name _____
 Company Name (if applicable) _____
 Address * _____ Post Code _____
 Phone No * Home _____ Work _____ Mobile _____
 Email * _____

* **IMPORTANT:** Please provide correct contact details so Coastguard can notify you of the payment setup and any amendments that are made to this payment plan.

B. Debit Arrangements/Payment Details

Debit Start Date MM / YYYY Amount Per Debit \$ _____
 Debit Day 15th of the Month 28th of the Month
 Debit Duration Continue regular debits until further notice.
 Debit Frequency Monthly

D. Direct Debit Authority

Name of Account Holder _____
 Bank Branch _____
 Address (PO Box) _____
 Town/City _____
 Bank Account Number

BANK

BRANCH NUMBER

ACCOUNT NUMBER

SUFFIX

AUTHORITY TO ACCEPT
DIRECT DEBITS
(not to operate as an agreement or
assignment)
Authorisation Code

3 8 0 0 2 3 9

Information to appear on my/our bank statement

PARTICULARS

C O A S T G U A R D

REFERENCE

I/We authorise you until further notice in writing to debit my/our account with you with all amounts which Flo2Cash 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.

Authorised Signature _____ Date _____

Once complete, please return your form to:

Team Rescue
Coastguard New Zealand
PO Box 33559
Takapuna
Auckland 0740

Approved
0023
08 | 12

FOR BANK USE ONLY

Original - Retain at Bank

Date Received

Recorded By

Checked By

BANK
STAMP