

PAY BY THE MONTH INSURANCE REQUEST



Nautilus Marine Insurance Agency Ltd can arrange a Pay By the Month premium facility in relation to the following Policy or Policies.

Please complete and sign the Direct Debit Request or Credit Card Authority below:

Nautilus Reference No: _____

If you would like to take up this offer please read the following:

To the extent this document is inconsistent with any provision in the Product Disclosure Statement (PDS) or other policy document provided to you for the above Policy or Policies, this document takes precedence.

BY SIGNING EITHER OF THE MONTHLY DEDUCTION AUTHORITIES BELOW YOU AGREE TO THE FOLLOWING TERMS AND CONDITIONS

- The first instalment is due on the inception date of your Policy or Policies followed by eleven further equal instalments due on the same day each month. A direct debit that is scheduled to occur on a day that is not a business day will occur on the preceding business day. If you are uncertain as to when a debit will be processed, you should enquire with your financial institution.
- The monthly instalment includes an administration charge.
- If a monthly instalment is not paid when it is due **Macquarie Equipment Finance Limited** Company Number 262381 trading as Macquarie Pacific Funding ("MPF, we, our, us") will send you a reminder notice. If the instalment remains unpaid for more than 14 days your Policy or Policies will be cancelled without any further notice to you.
- In the event of unpaid instalments mentioned in the preceding clause, you irrevocably authorise and instruct the insurers to cancel the Policy or Policies at our request.
- Payment dishonours may incur a reprocessing fee.
- You may cancel your Policy or Policies after giving written notification to us. A cancellation fee may apply.
- In the event your Policy or Policies are cancelled you will be responsible for any outstanding instalments and fees due up to the cancellation date.
- In the event of a claim that results in full payment of the sum insured under your Policy or Policies you agree to continue your monthly instalment payments until the expiry date of your Policy or Policies.
- If you have any payment enquiries then contact us by telephone on 0800 000 246, by email at nzassist@macquariepacific.com or write to us at PO BOX 2006, Shortland St, Auckland 1140.
- You agree to keep us informed of any changes to your contact details to enable us to administer collection of your monthly instalments.
- On expiry of the Policy or Policies and if the Insurer is offering renewal, you will be advised of the new monthly instalment amount that will apply for the renewal period. If you do not tell us otherwise, we will deduct this new instalment amount so that you can continue to pay your insurance premium(s) by monthly instalments.
- By signing this authorisation, you acknowledge that MPF (as the registered initiator of the direct debit below) is acting on behalf of the insurance provider, Nautilus Marine Insurance Agency Ltd ("Nautilus"). Any instalments collected by MPF are collected and held strictly on behalf of Nautilus, and not on your behalf.

KEEP INTACT AFTER COMPLETION AND RETURN ENTIRE PAGE – DO NOT DETACH

I/We: _____ Nautilus Reference No: _____

Phone Number: _____ Mobile: _____

Request and authorise **MEFL** (Authorisation Code 0224259), the registered initiator of the Authorisation Code, to initiate by direct debit from my/our account nominated below with any amounts due to be paid under this arrangement and any future premium variation notified to me in writing.

YOUR MONTHLY INSTALMENT IS: \$ _____

YOUR MONTHLY INSTALMENT IS (including surcharge if paying by credit card): \$ _____

Note: The transaction on your bank statement will appear as *Macquarie Pacific – reference number*

PLEASE SELECT A PAYMENT OPTION ON THE FOLLOWING PAGE

Please forward the Pay by the Month Insurance Request & Authority to Accept Direct forms to P O Box 105647, Auckland City Post Shop, Auckland 1142 or email customerservice@nminsurace.co.nz

AUTHORITY TO ACCEPT DIRECT DEBITS

(Not to operate as an assignment or an agreement)

Please select a payment option below:



Direct debit from your credit card (A credit card surcharge of 1.20% for VISA or MasterCard will be incurred for each credit card transaction processed.)

Card type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard											
Cardholder's name:													
Card number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry Date (MM/YY)	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
	x												
Cardholder's signature:	<hr/>												



Direct debit from your bank account

Name of account to be debited:	
--------------------------------	--

Account details													
<div></div>		<div></div>				<div></div>						<div></div>	
Bank		Branch Number				Account Number						Suffix	

To the manager, please print full address clearly:

Bank:		Authorisation code: <table border="1"> <tr> <td>0</td> <td>2</td> <td>2</td> <td>4</td> <td>2</td> <td>5</td> <td>9</td> </tr> </table>	0	2	2	4	2	5	9
0	2		2	4	2	5	9		
Branch:									
Address:									

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

<p>Authorised signatures:</p> <p>X</p> <p>X</p>

Information to appear in my/our bank statement:

Payer particulars:										Payer code:										Payer reference:																
M	A	C	Q	U	A	R	I	E		P	A	C	I	F	I	C		F	U	N	D	I	N	G		R	E	F		N	U	M	B	E	R	

Approved 2425 06 13	For bank use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Date received:</td> <td style="width: 33%; padding: 5px;">Recorded by:</td> <td style="width: 33%; padding: 5px;">Checked by:</td> </tr> </table>	Date received:	Recorded by:	Checked by:	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> BANK STAMP
Date received:	Recorded by:	Checked by:			
	Original: Retain at branch Copy: Forward to initiator if requested				

Conditions of this authority to accept direct debits

1. The Initiator:

- (a) 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 no more than 2 calendar months). This notice will be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (including by electronic means including SMS) to communicate electronically). 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 the 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 of at least 30 days before the changes comes into effect. This notice must be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (by electronic means including SMS) to communicate electronically).

- (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 notice of termination to the Bank and to the Initiator by the means agreed by the customer, Bank and 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) This 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 dispute 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; and
 - 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 notice in accordance with 1(a) 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 payment 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 signed 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.

Please forward the Pay by the Month Insurance Request & Authority to Accept Direct forms to P O Box 105647, Auckland City Post Shop, Auckland 1142 or email customerservice@nminsurance.co.nz