

Pathfinder.

Kiwisaver: Direct Debit Autho	ority	
Use this Form to set up regular payments to be These contributions will then be invested into Personal details	your chosen Fund.	
Title First Name Pathfinder ESG Number	Date First Payment	
Pauffinder ESG Number		Amount \$
Frequency Weekly Fortnigh	ntly Monthly Quarterly	Annually One-off
Banking instructions Account Name Account Number	unt Number Suffix	Initiators Authorisation Code 0 6 6 3 1 8 2 Approved 6 3 1 8 07/19
From the acceptor, to my bank		
authorise you until further notice to debit my a Pathfinder KiwiSaver Plan (the 'Initiator') with t with this authority until further notice from me. my banks terms and conditions that relate the specific terms and conditions listed be	he authorisation code specified on thi I agree that this authority is subject to to my account, and	is authority and in accordance
Signature 1	Signature 2	Date
may ask my bank to reverse a direct debit up the amount and date of each direct debit from debiting is different from the amount or the da	the initiator, or I receive a written notice	
The initiator is required to give a written notice less than 10 calendar days before the date of t debits, and the amount of each direct debit.		
If the bank dishonours a direct debit but the in	itiator sends the direct debit again with	hin 5 business days of the

to give you notice no less than 30 calendar days before the change, or if the initiator's bank agrees, no less than 10 calendar days before the change.

Bank Stamp

If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required

dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

		Bank Stamp
For bank use only		
Date Received	Recorded by	
Checked by		